

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90065 030 \*\*\*550.00

**DOCUMENT # P01000108031**

1. Entity Name  
**S.O.C.-1, INC.**



Principal Place of Business  
**3049 6TH ST. SOUTH  
ST. PETERSBURG FL 33705**

Mailing Address  
**3049 6TH ST. SOUTH  
ST. PETERSBURG FL 33705**



2. Principal Place of Business  
**4699 Central Ave**  
Suite, Apt. #, etc.  
**202**

3. Mailing Address  
**4699 Central Ave**  
Suite, Apt. #, etc.  
**Ste. 202**

City & State  
**St. Petersburg**

City & State  
**St. Petersburg**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3755758**

Applied For  
☐ Not Applicable

Zip **33713** Country **Pineellas**

Zip **33713** Country **Pineellas**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SANDERS, ROBERT J  
3049 6TH ST. SOUTH  
ST. PETERSBURG FL 33705**

**7. Name and Address of New Registered Agent**

Name **Christopher M. Sierra, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4699 Central Ave., Ste. 202**  
City **St. Petersburg,** FL Zip Code **33713**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/15/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>SANDERS, ROBERT J</b>	
STREET ADDRESS	<b>3049 6TH ST. SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)