

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90149 001 \*\*\*150.00

DOCUMENT # P02000020405

1. Entity Name

STORGI CORPORATION



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3355 BEARSS AVE

Suite, Apt. #, etc.

3. Mailing Address

3355 BEARSS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

04-3620547

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WALTER SANDERS

Street Address (P.O. Box Number is Not Acceptable)

3355 BEARSS AVE

City

TAMPA

FL

Zip Code

33618

**DO NOT WRITE  
IN THIS SPACE**

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

*Walter Sanders*

WALTER SANDERS

6-12-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PD
NAME	WALTER SANDERS
STREET ADDRESS	3355 BEARSS AVE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Walter Sanders*

WALTER SANDERS 6-12-03

813-961-0094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

WS

Attachment - 80126400  
PO2000020405  
Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

June 12, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: Storgi Corporation  
Document # 902000020405

Dear Sir or Madam:

We recently discovered that the above referenced corporation never received the 2003 Uniform Business Report from the State of Florida Department of Revenue. Therefore, Storgi Corporation is remitting, along with a handwritten 2003 Uniform Business Report, a check to the Department of State in the amount of \$150.00 to cover the cost of filing the Uniform Business Report for the year 2003. We are asking that the penalty be abated since the State of Florida-Department of Revenue failed to mail to Storgi Corporation an original Uniform Business Report at the beginning of the year 2003.

Thank you.

Sincerely,

*Walter Sanders*  
Walter S. Sanders

WS/sw