## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000044354 DOCUMENT #

1. Entity Name

SANS SOUCI OF SORRENTO, INC.



**FILED** Mar 24, 2003 8:00 am & Secretary of State

03-24-2003 90212 025 \*\*\*150.00

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Principal Place of Business 32210 PEACHTREE LANE SORRENTO FL 32776			32210	Mailing Address 32210 PEACHTREE LANE SORRENTO FL 32776				•					
2. Principal Place of Business 3.				3. Mailing Address						<b>       </b>		HI LIETT 111 <b>5</b> 1	11111 1111 1111
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
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Zip		. Country	Zip	Zip Country					tificate of Status De			8.75 Add	
	6. Name	and Address of Current	l Registere	d Agent				7. Nam	ne and Address of	New Regis	tered A	gent	
						Name							
MADDOX, CAROLYN 32210 PEACHTREE LANE					Street Address (P.O. Box Number is Not Acceptable)								
SORRENTO FL 32776													
					City		FL Zip Code						
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
	I E NOWII	FEE IS \$150.00	14										
		3 Fee will be \$550.00							9. Election Camp	_			<b>0</b> May Be
		Florida Department o							Trust Fund Cor	itribution.		Added	i to Fees
	,	<u> </u>		ne -	T 44			ADDIT	TONS/CHANGES	TO OFFICE	SC AND I	DIRECTOR	D INL 11
10.	D	OFFICERS AND	DIRECTO		11.	<u> </u>		AUUIII	IONS/CHANGES	IO OFFICER			1
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12. I hereby o	ertify that the	information supplied with	h this filing	does not qualify for	the exer	mption stated	in Sect	tion 119.	.07(3)(i), Florida St	atutes. I furt	her certif	y that the in	nformation

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: