

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90065 003 \*\*\*150.00

**DOCUMENT # P02000058520**

1. Entity Name  
**A. SOTO ENTERPRISES, INC.**



Principal Place of Business  
**POST OFFICE BOX 262  
LEHIGH ACRES FL 33970**

Mailing Address  
**POST OFFICE BOX 262  
LEHIGH ACRES FL 33970**



2. Principal Place of Business

**1000 Lee Blvd Ste 201**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Lehigh Acres, FL**

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**02-0628452**

Applied For

Not Applicable

Zip

Country

**33936 Lee**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOWERS, ROBERT L  
23 COLORADO ROAD  
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name

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

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

**Susan Soto**

(NOTE: Registered Agent signature required when reinstating)

**2/3/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **PD** ☐ Delete  
NAME **SOTO, ARMANDO**  
STREET ADDRESS **1509 HONOR COURT**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SOTO, SUSAN**  
STREET ADDRESS **1509 HONOR COURT**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

**Susan Soto-vp 2/3/03 239 303-1288**

Date

Daytime Phone #

CR2E034 (10/02)