

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25967

1. Entity Name

SOS INDUSTRIES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90049 049 ***150.00

Principal Place of Business

Mailing Address

2650 N DIXIE FREEWAY
P O BOX 814
NEW SMYRNA BEACH FL 32168

2650 N DIXIE FREEWAY
P O BOX 814
NEW SMYRNA BEACH FL 32168-5774

00002952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0092837

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANE, WILLIAM B.
2650 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KANE, WILLIAM B.
STREET ADDRESS 2650 N DIXIE FREEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Delete

TITLE VP
NAME Michael Cox
STREET ADDRESS 2650 N. Dixie Fwy
CITY-ST-ZIP New Smyrna Bch, FL 32168 ☐ Change ☒ Addition

TITLE VP
NAME TAYLOR, DEBORAH
STREET ADDRESS 2650 N DIXIE FREEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Delete

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

TITLE D
NAME GREEN, GLEN E
STREET ADDRESS 2627 SPRING PARK ROAD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE D
NAME MARTZ, GARY A.
STREET ADDRESS 2627 SPRING PARK ROAD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE ST
NAME BREITWEISER, JILL M
STREET ADDRESS 2650 N DIXIE FREEWAY
CITY-ST-ZIP NEW SMYRNA BCH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/04/00

904-423-5524