

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022615

1. Entity Name

SOFDEC, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90263 019 ***150.00

Principal Place of Business

6130 EDGEWATER DR
UNIT F
ORLANDO FL 32810
US

Mailing Address

6130 EDGEWATER DR
UNIT F
ORLANDO FL 32818-6957
US

802832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1218 RED DANDY DR.
Suite, Apt. #, etc.

3. Mailing Address

1218 RED DANDY DR.
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3186680

Applied For

Not Applicable

Zip

32818

Country

USA

Zip

32818

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHORER, WOLFGANG
6130 EDGEWATER DR
UNIT F
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

1218 RED DANDY DR.

City

ORLANDO, FL

FL

Zip Code
32818

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

W. Schorer

WOLFGANG SCHORER (Signed as W. SCHORER) 01/07/2000

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

TITLE DP
NAME SCHORER, WOLFGANG
STREET ADDRESS 6130 EDGEWATER DR UNIT F
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE VS
NAME SCHORER, RUTH A
STREET ADDRESS 6130 EDGEWATER DR UNIT F
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
1218 RED DANDY DR.
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
1218 RED DANDY DR.
ORLANDO, FL 32818

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

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

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

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:

W. Schorer (WOLFGANG SCHORER)

01/07/2000

407-299-0273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)