

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005528

1. Entity Name
SOF-KEE, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 023 ***550.00

Principal Place of Business

8861 QUAIL ROOST TR
JACKSONVILLE FL 32220
US

Mailing Address

P O BOX 60487
JACKSONVILLE FL 32220
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3220485**

Applied For

Not Applicable

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

MCMULLAN, CAROLYN
8861 QUAIL ROOST TRAIL
JACKSONVILLE FL 32220

Name Debra J. DeFoe
Street Address (P.O. Box Number is not Acceptable)
8861 Quail Roost Trail
City Jacksonville FL Zip Code 32220

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

(NOT) Registered Agent Signature required when reinstating

5/30/2001
DATE

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

FILE NOW!
After MAY 1, 2001 Fee IS \$150.00
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 **P** ☒ Delete
NAME MCMULLAN, CAROLYN
STREET ADDRESS 8861 QUAIL ROOST TR
CITY-ST-ZIP JACKSONVILLE FL 32220

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

TITLE **S** ☐ Delete
NAME DEFOE, DEBRA
STREET ADDRESS 8861 QUAIL ROOST TR
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE **President** ☒ Change ☐ Addition
NAME Debra DeFoe
STREET ADDRESS 8861 Quail Roost Trail
CITY-ST-ZIP Jacksonville, Florida 32220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 is 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: Debra J. DeFoe President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/2001 (904) 781-3343
Date Daytime Phone #

CR2E034 (10/00)