

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017426

1. Entity Name

SOFT REALITY INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90038 030 ***150.00

Principal Place of Business

3930 S. NOVA ROAD
STE 301
PORT ORANGE FL 32127

Mailing Address

3930 S. NOVA ROAD
STE 301
PORT ORANGE FL 32127

2. Principal Place of Business

3928 S. NOVA ROAD

Suite, Apt. #, etc.

3. Mailing Address

3928 S. NOVA ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ORANGE, FL

Zip

32127

Country

U.S.A.

City & State

PORT ORANGE, FL

Zip

32127

Country

U.S.A.

4. FEI Number

59-3231374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VITA, MARK F
5908 WOODPOINT TERR
PORT ORANGE FL 32127

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.

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, 2001 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 TS
NAME PELHAM, ANTHONY
STREET ADDRESS 691 BRECKENRIDGE DR
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE PD
NAME VAQUERIZO, JUAN
STREET ADDRESS 5940 KENDREW DRIVE
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE VDP
NAME VITA, MARK
STREET ADDRESS 5908 WOODPOINT TERRACE
CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Delete

TITLE C
NAME VAQUERIZO, SANDRA
STREET ADDRESS 5940 KENDREW DRIVE
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ 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

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

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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:

Mark F Vita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01
Date

904-760-7399 x114
Daytime Phone #

CR2E034 (10/00)