

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90008 046 ***150.00

DOCUMENT # P94000017426

1. Entity Name
SOFT REALITY INC.

Principal Place of Business
3928 S. NOVA ROAD
STE 301
PORT ORANGE FL 32127

Mailing Address
3928 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.

City & State
PORT ORANGE, FL
 Zip
32127-4911 Country
U.S.A.

City & State
PORT ORANGE, FL
 Zip
32127-4911 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 E.
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	TS PELHAM, ANTHONY 691 BRECKENRIDGE DR PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAQUERIZO, JUAN 5940 KENDREW DRIVE PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP VITA, MARK 5908 WOODPOINT TERRACE PORT ORANGE FL 32124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VAQUERIZO, SANDRA 5940 KENDREW DRIVE PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra A. Vaquerizo, C.E.O. *Sandra A. Vaquerizo* **04/24/2002 (386) 760-7377** **X117**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)