

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90011 025 ***150.00

DOCUMENT # P94000050516

1. Entity Name

SOBIECH ENTERPRISES, INC.

Principal Place of Business

**5660 JASON LEE PLACE
SARASOTA FL 34233**

Mailing Address

**5660 JASON LEE PLACE
SARASOTA FL 34233**

2. Principal Place of Business

1837 NEBRASKA ST.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

SARASOTA, FLORIDA

City & State

Zip
34231

Country
U.S.A

Zip

Country

4. FEI Number

65-0505394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SOBIECH, GERALD T
5660 JASON LEE PLACE
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name

Gerald T. SOBIECH

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

1837 NEBRASKA ST

City

SARASOTA

FL

Zip Code

34231

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

Gerald T. Sobiech

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/02

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 ☐ Delete
NAME **D**
STREET ADDRESS **SOBIECH, GERALD T**
CITY-ST-ZIP **JASON LEE PLACE
SARASOTA FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Gerald T. SOBIECH**
STREET ADDRESS **1837 NEBRASKA ST**
CITY-ST-ZIP **SARASOTA, FL 34231**

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

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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 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:

Gerald T. Sobiech
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)