

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057576

1. Entity Name

SOTH PROPERTY MANAGEMENT INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90123 031 \*\*\*150.00

Principal Place of Business

328 SHORE DR E  
OLDSMAR FL 34677

Mailing Address

328 SHORE DR E  
OLDSMAR FL 34677-3916

2. Principal Place of Business

3. Mailing Address

1 BEACH DR. SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2610 40 DETLEF SOTH

City & State

ST. PETERSBURG FL

Zip

Country

33701

Country

USA

4. FEI Number

59-3335083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOTH, DETLEF  
328 SHORE DR E  
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

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

1 BEACH DR. SE. #2610

City

St. Petersburg

FL

Zip Code

33701

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, 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          | D                | <input type="checkbox"/> Delete |
| NAME           | SOTH, DETLEF     |                                 |
| STREET ADDRESS | 328 SHORE DR E   |                                 |
| CITY-ST-ZIP    | OLDSMAR FL 34677 |                                 |
| TITLE          | D                | <input type="checkbox"/> Delete |
| NAME           | SOTH, ELKE       |                                 |
| STREET ADDRESS | 328 SHORE DR E   |                                 |
| CITY-ST-ZIP    | OLDSMAR FL 34677 |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1 BEACH DR SE #2610       |  |
| STREET ADDRESS | St. Petersburg, FL 33701  |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1 BEACH DR. SE. #2610     |  |
| STREET ADDRESS | St. Petersburg, FL. 33701 |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

727-894 3831

Daytime Phone #