

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90365 015 ***150.00

DOCUMENT # P95000092945

1. Entity Name
SORBENIAR INC.



Principal Place of Business
10823 KINGS PARK DR.
CROSS CREEK
TAMPA FL 33647

Mailing Address
10823 KINGS PARK DR.
CROSS CREEK
TAMPA FL 33647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
as above

3. Mailing Address
as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3374289**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAINE, DARYL E
18023 KINGS PARK DR
CROSS CREEK
TAMPA FL 33647

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **RAINE, DARYL E**
STREET ADDRESS **18023 KINGS PARK DR**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **V** ☐ Delete
NAME **RAINE, COLLEEN**
STREET ADDRESS **18023 KINGS PARK DR**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

7/11/2002

Date

813-973-4076

Daytime Phone #

CR2E034 (4/02)

SORBENIAR INC.

Attachment
Document #
P95000092945
121285

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee

FL, 32302-1500

11 July, 2002

To Whom It May Concern:

RE: ANNUAL CORPORATION FEE OF \$150.00 (DOCUMENT NO: P95000092945)

As per my discussion with your office today I received a uniform business report (UBR) this morning. We did not receive the previous bill which we normally receive earlier in the year thus we were unable to make the payment. As you can see from your records we have never made late payments in the past.

Your representative informed me to bring this to your attention and to make the \$ 150.00 payment immediately to avoid any late penalties.

Thank you in this regard.

Yours sincerely



Daryl Raine

President

SORBENIAR INC.

1275

18023 KINGS PARK DRIVE, TAMPA, FLORIDA, 33647,
TEL/FAX: (813) 973-4076