

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068399

1. Entity Name

S.O.S. REPAIRS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90009 022 ***150.00

Principal Place of Business

Mailing Address

435 HWY 393 SO
STE D
SANTA ROSA BEACH FL 32459
US

PO BOX 1611
SANTA ROSA BEACH FL 32459-1611
US

2. Principal Place of Business

3. Mailing Address

~~435 HWY 393 SO~~
~~STE D~~
~~SANTA ROSA BEACH FL 32459~~
~~US~~

~~PO BOX 1611~~
~~SANTA ROSA BEACH FL 32459-1611~~
~~US~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

416 S. County Hwy 393 Rm 3 Unit 4

City & State

City & State

Santa Rosa Bch FL

Santa Rosa Bch FL

Zip

Country

32459

USA

Zip

Country

32459

USA

4. FEI Number

59-3395924

Applied For

Not Applicable

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

DUNN, JOHN A
130 SKY HIGH DUNE DR
SANTA ROSA BEACH FL 32459

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME KOTKE, DEBBIE
STREET ADDRESS P O BOX 1611 435 HWY 393 S STE D
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME DUNN, JOHN A
STREET ADDRESS 130 SKY HIGH DUNE DR
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME BRASSEUR, MICHEL
STREET ADDRESS P O BOX 1611 435 HWY 393 S STE D
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/15/2000

850-267-9767

02/15/2000