

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90886 006 ***150.00

0050659 AV

DOCUMENT # P96000068399

1. Entity Name

S.O.S. REPAIRS, INC.

Principal Place of Business

**WAREHOUSES OF SANTA ROSA BEACH
 416 S COUNTY HWY 393 BLDG 3 UNIT 4
 SANTA ROSA BEACH FL 32459
 US**

Mailing Address

**PO BOX 1611
 SANTA ROSA BEACH FL 32459
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name **KELLEE FOWLER**

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

415. Bayou DR

City

DESTIN

FL

Zip Code

32541

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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:

MICHEL BRASSEUR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

02/10/02

Date

Daytime Phone #

CR2E034 (9/01)