

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079850

1. Entity Name

SORSCO, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90128 040 ***150.00

Principal Place of Business

Mailing Address

1305 FALLSBROOK TERR
ACWORTH GA 30101
US

1305 FALLSBROOK TERR
ACWORTH GA 30101-7838
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 65-0706141

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

SULLIVAN, WILLIAM F
2401 E. ATLANTIC BLVD.
SUITE 410
POMPANO BEACH FL 33062

Name

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

Lighthouse Point Professional Bldg.
2211 E. Sample Rd., Suite 204
City Lighthouse Point FL Zip Code 33064

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's signature required when in holding)

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 D
NAME SHAW, STEPHANIE
STREET ADDRESS 1305 FALLSBROOK TERRACE
CITY-ST-ZIP ACWORTH GA 30101 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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NAME ☐ Delete
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NAME ☐ Delete
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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: Stephanie N. Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 770-425-7666
Date Telephone #