

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068303

1. Entity Name

SAN MARCO FIREHOUSE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90134 040 ***150.00

Principal Place of Business

Mailing Address

SAN JOSE BLVD
JACKSONVILLE FL 32257

9850-5 SAN JOSE BLVD
JACKSONVILLE FL 32257-5495

2. Principal Place of Business

3410 Kori Rd.

Suite, Apt. #, etc.

3. Mailing Address

3410 Kori Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

Zip
32257

Country

City & State

Jacksonville, FL

Zip

32257

Country

4. FEI Number

59-3461417

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

SORENSEN, CHRIS
1009 FLORA PARKE DRIVE
JACKSONVILLE FL 32259

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	P	<input type="checkbox"/> Delete
NAME	SORENSEN, ROBIN O	
STREET ADDRESS	9850-5 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SORENSEN, CHRIS	
STREET ADDRESS	9850-F SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	T Joost	<input type="checkbox"/> Delete
NAME	JOOST, STEPHEN C	
STREET ADDRESS	3410 KORI RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Sorensen	
STREET ADDRESS	3410 Kori Rd.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Sorensen	
STREET ADDRESS	3410 Kori Rd.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	et	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Joost	
STREET ADDRESS	3410 Kori Rd.	
CITY-ST-ZIP	Jacksonville, FL 32257	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)