

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091839

1. Entity Name

SORC PHINE LINE, INC.

06-22-2001 90002 042 ***150.00

P97000091839

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP -7 AM 11:11

Principal Place of Business

Mailing Address

4910 SW 201 TERRACE
FT LAUDERDALE FL 33332

4910 SW 201 TERRACE
FT LAUDERDALE FL 33332

2. Principal Place of Business

3. Mailing Address

10400 GRIFFIN Rd

10400 GRIFFIN Rd

Suite, Apt. #, etc.
STE 104

Suite, Apt. #, etc.
STE 104

City & State
Cape Coral City, FL

City & State
Cape Coral City, FL

Zip
33328

Country
USA

Zip
33328

Country
USA

4. FEI Number 65-0796030

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

BENSCH, C. SCOTT
4910 SW 201 TERRACE
FT LAUDERDALE FL 33332

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

C. SCOTT BENSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/15/01

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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	PSD BENSCH, C. SCOTT 4910 SW 201 TERRACE FORT LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 does not appear in Block 1 or Block 2, changed, or on an attachment with an address, with all other information empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

Daytime Phone #

CR2E034 (10/00)