

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080564

1. Entity Name

S.O.S. SECRETARIAL INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90410 017 ***150.00

Principal Place of Business
1151 LAURA ST.
254 WILSHIRE BLVD.
CASSELBERRY FL 32707

Mailing Address
1151 LAURA ST.
CASSELBERRY FL 32707

2. Principal Place of Business
1151 Laura St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Casselberry, FL 32707

City & State

Zip Country
Country **Sam. note**

Zip Country

4. FEI Number
59-3483860

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

KASTER, LORRAINE C
1151 LAURA ST.
CASSELBERRY FL 32707

Name
Same

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 *Lorraine C. Kaster* **4/14/01**
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, 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 ☐ Delete
NAME **VTS**
STREET ADDRESS **KASTER, LORRAINE C**
CITY-ST-ZIP **254 WILSHIRE BLVD.**
CASSELBERRY FL 32707

TITLE ☒ Change ☐ Addition
NAME **P/S/T (ALL) SOLE**
STREET ADDRESS **Kaster, Lorraine C.**
CITY-ST-ZIP **1151 Laura Street**
Casselberry, FL 32707

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KASTER, CHRISTINE L**
CITY-ST-ZIP **254 WILSHIRE BLVD.**
CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **NONE- Resigned 12/30/00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Lorraine C. Kaster, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01 **407-339-3411**
Date Daytime Phone #

0474269

CR2E034 (10/00)