

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080564

1. Entity Name

S.O.S. SECRETARIAL INC.

Principal Place of Business

1151 LAURA STREET
CASSELBERRY FL 32707

Mailing Address

1151 LAURA STREET
CASSELBERRY FL 32707

As of 2/1/02

2. Principal Place of Business

360 WISHLIRE Blvd SUITE 105

3. Mailing Address

Suite, Apt. #, etc.

City & State

Casselberry

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FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90112 003 ***150.00



DO NOT WRITE IN THIS SPACE

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

Name Lorraine C. Kaster
Street Address (P.O. Box Number is Not Acceptable)
1151 LAURA St.
City Casselberry FL 32707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/18/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)