

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED Ps. 1472

DOCUMENT # P99000050577

1. Entity Name

SOTO OPTICIANS OF SIESTA KEY, INC

00 JUL 17 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5106 OCEAN BLVD.
SARASOTA FL 34242

Mailing Address

5106 OCEAN BLVD.
SARASOTA FL 34242

2. Principal Place of Business

5212 1/2 Ocean Blvd.
Suite, Apt. #, etc.

3. Mailing Address

5212 1/2 Ocean Blvd.
Suite, Apt. #, etc.

5/15/00 9266 030



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

05-0923200

Applied For

Not Applicable

Zip

34242

Country

USA

Zip

34242

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOTO, RONALD D
1383 MAIN STREET
SARASOTA FL 34242

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D
NAME SOTO, RONALD D
STREET ADDRESS 1383 MAIN STREET
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

TITLE D
NAME SOTO, KIMBERLY KAY
STREET ADDRESS 1383 MAIN STREET
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Kimberly Kay Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

941.349.4571

Daytime Phone #

CP2E034 (5/00)

Pg. 2 of 2

4/28/2000

799-50577

DEPARTMENT OF STATE

**150.00

One Hundred Fifty and 00/100*****

DEPARTMENT OF STATE

CORP. REG. FEE

This is a copy of my check were payment
was made.

You have our address wrong. We have moved.

Our new address is:

Sota's Siesta Shades
5212 1/2 ocean Blvd.
Sarasota, FL 34242

EIN # 05-0923200

941-349-4571 Kim Soto

Please call if you need me between
9:30-5:30 Thank You!