

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90181 026 \*\*\*150.00

**DOCUMENT # P99000055485****1. Entity Name**  
**S.O.B.T., INC.****Principal Place of Business**  
1295 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805**Mailing Address**  
1295 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 59-3581875Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**PURCELL, CHERYL A  
538 N. PARRAMORE AVE.  
ORLANDO FL 32801**7. Name and Address of New Registered Agent**Name Steve Drake  
Street Address (P.O. Box Number is Not Acceptable)  
5825 Cove Dr  
City Orlando FL Zip Code 32812**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** Steve Drake President 3.25.02

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, 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**

| 11. OFFICERS AND DIRECTORS      |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|--|---|------|
| TITLE                           | NAME   | TITLE   | NAME |
| <input type="checkbox"/> Delete | D<br>DRAKE, STEVE<br>2201 S. RIO GRANDE AVE.<br>ORLANDO FL 32805 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | PVP D Sec<br>DRAKE Steve<br>5825 Cove Dr<br>Orl FL 32812         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <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 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 #

1-15-02 407 245-7627

CR2E034 (9/01)