

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 0000 56824

1. Entity Name
SOREN PROPERTIES INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 SEP 28 AM 5:50

Principal Place of Business
**216 SOREN PROPERTIES INC
6899 SW 99th ST
OCALA, FL 34476**

Mailing Address
**216 SOREN PROPERTIES INC
6899 SW 99th ST
OCALA, FL 34476**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3582466

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NEAOS, GEORGE
6899 SW 99th ST
OCALA, FL 34476**

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 \$150.00
After MAY 1, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P ST NEAOS, GEORGE 6899 SW 99th ST OCALA, FL 34476	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000003415636-2 -10/05/00--01107--013 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BY [Signature] PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9 26 00** Daytime Phone # **352 861 1415**

CRZE034 (9/99)

DONALD LEVIN, P. A.
CERTIFIED PUBLIC ACCOUNTANT

1201 U. S. HIGHWAY ONE, #225
NORTH PALM BEACH, FLORIDA 33408

SEPTEMBER 22, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GANES STREET
TALLAHASSEE, FL 32399

RE: SOREN PROPERTIES, INC.
P99000056824

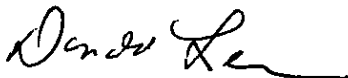
DEAR SIR/MADAM;

ENCLOSED IS THE ANNUAL REPORT FOR THE YEAR 2000, FOR THE ABOVE NAMED CORPORTION, ALONG WITH A CHECK IN THE AMOUNT OF \$150.00 FOR PAYMENT OF THE ANNUAL FEE.

IT IS REQUESTED THAT YOU ACCEPT THIS REPORT AS BEING FILED TIMELY. THE CORPORATION DID NOT RECEIVE AN ANNUAL REPORT FROM YOUR DIVISION SINCE YOU RECORDED THE WRONG ADDRESS FOR THE CORPORATION. FOR YOUR CONVIENCE, I AM ENCLOSING PAGE ONE OF THE APPROVED ARTICLES OF INCORPORATION, AND ALSO, A COPY OF THE CORPORATE DETAIL RECORD FROM YOUR DIVISION.

YOUR CONSIDERATION IN THIS MATTER IS APPRECIATED, AND WE SHALL BE PLEASED TO FURNISH ANY ADDITONAL INFORMATION THAT YOU MAY REQUIRE.

VERY TRULY YOURS,



DONALD LEVIN, PA
CERTIFIED PUBLIC ACCOUNTANT