

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058139

1. Entity Name

SORREN CONSULTING, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90011 028 ***150.00

Principal Place of Business

4550 47TH STREET WEST
APT. 807
BRADENTON FL 34210

Mailing Address

4550 47TH STREET WEST
APT. 807
BRADENTON FL 34210-2830

80013423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

104 53RD AVE E

Suite, Apt. #, etc.

3. Mailing Address

PO Box 10038

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0433184

Applied For

Not Applicable

Zip

34203

Country

USA

Zip

34282

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, HOPE L
4550 47TH STREET WEST
APT. 807
BRADENTON FL 34210

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 PD ☐ Delete
NAME CHAMBERS, HOPE L
STREET ADDRESS 4550 47TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Add
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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:

Hope L Chambers HOPE L Chambers 1/29/00 941-798-3791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #