

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058139

1. Entity Name
SORREN CONSULTING, INC.Principal Place of Business
3459 51ST AVENUE CIRCLE W.
BRADENTON FL 34210Mailing Address
3459 51ST AVENUE CIRCLE W.
BRADENTON FL 342102. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0933184

Applied For

Not Applicable

Zip _____ Country _____

Zip _____

Country _____

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, HOPE L
3459 51ST AVE CIR W
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DP Delete
NAME CHAMBERS, HOPE I
STREET ADDRESS 3459 51ST AVE CIR W
CITY-ST-ZIP BRADENTON FL 34210TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE DV Delete
NAME COSSETTE, SOLANGE T
STREET ADDRESS 3459 51ST AVENUE CIRCLE WEST
CITY-ST-ZIP BRADENTON FL 34210TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE DST Delete
NAME HALE, STEPHEN J
STREET ADDRESS 3459 51ST AVENUE CIRCLE WEST
CITY-ST-ZIP BRADENTON FL 34210TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE Change Addition
NAME _____
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 3/4/02 941-741-4603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90004 041 ***150.00



DO NOT WRITE IN THIS SPACE