

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074984

1. Entity Name

SOCIETE C.I., INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90080 038 ***150.00

Principal Place of Business

18501 MURDOCK CIRCLE 6TH FLOOR
PORT CHARLOTTE FL 33948

Mailing Address

18501 MURDOCK CIRCLE 6TH FLOOR
PORT CHARLOTTE FL 33948-1039

2. Principal Place of Business

3. Mailing Address

P.O. Box 3606
Suite, Apt. #, etc.
18501 Murdock Circle

P.O. Box 3606
Suite, Apt. #, etc.

City & State
PT CHARLOTTE FL

City & State
PT CHARLOTTE FL

Zip
33949 Country
Charlotte

Zip
33949 Country
Charlotte

4. FEI Number
65-0944721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, W KEVIN
18501 MURDOCK CIRCLE 6TH FLOOR
PORT CHARLOTTE FL 33948

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

Feb-28. 00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GRASLAND, CLEMENT
STREET ADDRESS P O BOX 3606
CITY-ST-ZIP PORT CHARLOTTE FL 33949 ☐ Delete

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
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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:

W. Kevin Russell CLEMENT GRASLAND PR. 28 Feb 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)