

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90122 023 \*\*\*150.00

0124742 AT

**DOCUMENT # P99000074984**

1. Entity Name  
**SOCIETE C.I., INC.**

Principal Place of Business

**PO BOX 3606  
 18501 MURDOCK CR  
 PORT CHARLOTTE FL 33949**

Mailing Address

**PO BOX 3606  
 18501 MURDOCK CR  
 PORT CHARLOTTE FL 33949**

**C0073278**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**PO Box 494274  
 Suite, Apt. #, etc.  
 Port Charlotte, FL  
 City & State  
 Florida**

3. Mailing Address

**PO Box 494274  
 Suite, Apt. #, etc.  
 Port Charlotte  
 City & State**

4. FEI Number **65-0944721**

Applied For  
 Not Applicable

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

Zip **33949-4274** Country **USA**

Zip **33949-4274** Country

6. Name and Address of Current Registered Agent

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

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

**07-09-01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRASLAND, CLEMENT</b>	
STREET ADDRESS	<b>P O BOX 3606</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**CLEMENT GRASLAND**

**07-09-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

SOCIETE C.I. INC.  
P.O. BOX 494274  
PORT CHARLOTTE, FL 33949-4274

Attachment  
#P99000074984  
C0073278

JULY 9, 2001

FLORIDA DEPARTMENT OF STATE  
division of corporations  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ATTENTION: Mrs SUZANNE

MADAM,

AS PER OUR TODAY'S TELEPHONE CONVERSATION REGARDING  
THE 2001 UNIFORM BUSINESS REPORT (URB) WE JUST RECEIVED FOR THE  
FIRST TIME ON JULY 6, 2001.

WE HAVE COMPLETED THE DOCUMENT AND ENCLOSED A CHECK OF  
\$150.00. AS I TOLD YOU WE HAVE NEVER RECEIVED ANY DOCUMENT PRIOR  
THIS ONE.

VERY TRULY YOURS,

FOR SOCIETE C.I. INC. / JAMILA