

2002 UNIFORM BUSINESS REPORT (UBR)

0520802 AV

DOCUMENT # **P99000080776**

1. Entity Name

SOVEREIGN FINANCIAL SERVICES, INC.

FILED

02 MAR 20 PM 2:36

Principal Place of Business

~~22-S. LINKS AVE., STE. 300~~
~~SARASOTA FL 34236~~

Mailing Address

~~22-S. LINKS AVE., STE. 300~~
~~SARASOTA FL 34236~~

c/o Stephen F. Voigt, Sr.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2042 Bee Ridge Road

3. Mailing Address

2042 Bee Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-0947353

Applied For

Not Applicable

Zip
34239

Country
USA

Zip
34239

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~DUNLAP, SCOTT W~~

~~C/O JOHN A. MORAN~~

~~22-S. LINKS AVE., STE. 300~~

~~SARASOTA FL 34236~~

7. Name and Address of New Registered Agent

Name

Stephen F. Voigt, Sr.

Street Address (P.O. Box Number is Not Acceptable)

2042 Bee Ridge Road

City

Sarasota

FL

34239

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

Stephen F. Voigt, Sr.

3-15-02

(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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KOLBE, TODD A**
STREET ADDRESS **22 SOUTH LINKS AVE., STE. 300**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2042 Bee Ridge Road**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **900005183099-1**
CITY-ST-ZIP **-04/02/02--01043--026**
******150.00 ****150.00**

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

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

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

Todd A. Kolbe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

941-925-2324

Daytime Phone #

CR2E034 (9/01)