## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P99000107565



**FILED** Feb 28, 2003 8:00 am Secretary of State

1. Entity Name SORRY INDUSTRIES, INC.					02-28-2003 90166 027 ***150.00		).00	
Principal Place of Business 1291-A S. POWERLINE RD., PMB 310 POMPANO BEACH FL 33069			Mailing Address 1291-A S. POWERLINE RD., PMB 310 POMPANO BEACH FL 33069					
2. Principal	Place of Busin	ness	3. Mailing Address					
1201 SW 26 Ave.			1201 SW 26 Ave.					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK REBE IE WAY	INC CHANCE	,	
#310 City & State		#310		☐ CHECK HERE IF MAKING CHANGES				
	o Beach,	FL 33069	City & State	ch, FL 33069	4. FEI Number 65-0965113	) — — — — — — — — — — — — — — — — — — —	pplied For	
Zip	o beach.	Country	Zip Zip	Country Country			lot Applicable	
33069		USA	33069	USA	5. Certificate of Status Desired	\$8.75 Ac Fee Requir		
	6. Name	and Address of Curren	t Registered Agent		7. Name and Address of New Register	ed Agent	<del>-</del>	
MITCHE				Name				
MITCHELL, SCOTT				Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
1291-A S. POWERLINE RD., PMB 310 POMPANO BEACH FL 33069				<del></del>				
PUMPAN	IO BEACH H	L 33069						
				City		Zip Cod	 de	
8. The above	e named entity	submits this statement f	or the nurnose of changing	its registered office or regio	tered agent, or both, in the State of Florida. I a			
the obliga	ations of registe	ered agent.	or the purpose of changing	ita registered office di Tegis	stered agent, or both, in the State of Florida. Ta	am tamiliar with,	and accept	
SIGNATURE		-			·		(	
SIGNATURE		r printed name of registered agent	t and title if applicable. (Ne	OTE: Registered Agent signature requ	ired when reinstating) DAT	E		
F	FILE NOW!!!	EEE IC 6150.00		·				
Afte					9. Election Campaign Financing	\$5.0	00 May Be	
	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	of State		Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
	r May 1, 200	3 Fee will be \$550.00		11.	Trust Fund Contribution.	∐ Ádde	d to Fees	
Make Chec	r May 1, 2003 k Payable to	3 Fee will be \$550.00 Florida Department o OFFICERS AND		11.		ND DIRECTOR	d to Fees	
Make Chec  10.  IIILE  NAME	r May 1, 2000 k Payable to D MITCHELL,	3 Fee will be \$550.00 Florida Department of OFFICERS AND SCOTT	DIRECTORS  Delete	<del></del>	Trust Fund Contribution.	∐ Ádde	d to Fees	
Make Chec  10.  TITLE  NAME  STREET ADDRESS	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	DIRECTORS  Delete	TITLE	Trust Fund Contribution.	ND DIRECTOR	d to Fees	
Make Chec 10. TITLE NAME STREET ADDRESS ACITY-ST-ZIP	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department of OFFICERS AND SCOTT	D DIRECTORS  Delete  B 310	TITLE NAME	Trust Fund Contribution.	ND DIRECTOR	d to Fees	
Make Chec  10.  TITLE  NAME  STREET ADDRESS  ACITY-ST-ZIP  TITLE	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	DIRECTORS  Delete	TITLE NAME STREET ADDRESS	Trust Fund Contribution.	ND DIRECTOR	d to Fees	
Make Chec 10. TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution.	ND DIRECTOR	d to Fees S IN 11	
Make Chec  10.  TITLE  NAME  STREET ADDRESS  ACITY-ST-ZIP  TITLE	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.	ND DIRECTOR	d to Fees S IN 11	
Make Chec  10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	ND DIRECTOR Change	S IN 11 Addition Addition	
Make Chec 10. TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	ND DIRECTOR	d to Fees S IN 11	
Make Chec  10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution.	ND DIRECTOR Change	S IN 11 Addition Addition	
Make Chec  10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	ND DIRECTOR Change	S IN 11 Addition Addition	
Make Chec  10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	ND DIRECTOR Change Change	d to Fees S IN 11 Addition Addition	
Make Chec 10. TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.	ND DIRECTOR Change	S IN 11 Addition Addition	
Make Chec 10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.	ND DIRECTOR Change Change	d to Fees S IN 11 Addition Addition	
Make Chec 10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	Delete  B 310  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution.	ND DIRECTOR Change Change	d to Fees S IN 11 Addition Addition	
Make Chec 10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	D DIRECTORS  Delete  B 310  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	ND DIRECTOR Change Change	d to Fees S IN 11 Addition Addition	
Make Chec 10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	Delete  B 310  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution.	Added ND DIRECTOR Change Change Change	S IN 11 Addition Addition Addition Addition	
Make Chec 10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	Delete  B 310  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.	Added ND DIRECTOR Change Change Change	S IN 11 Addition Addition Addition Addition	
Make Chec 10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	Delete  Delete  Delete  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	Addection   ND DIRECTOR Change Change Change	S IN 11 Addition Addition Addition Addition	
Make Chec 10.  TITLE NAME STREET ADDRESS ACITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Pr May 1, 2003 k Payable to D MITCHELL, 1291-A S.	3 Fee will be \$550.00 Florida Department o OFFICERS AND SCOTT POWERLINE RD., PMB	Delete  B 310  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.	Added ND DIRECTOR Change Change Change	S IN 11 Addition Addition Addition Addition	

12. Thereby 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Scott Mitcheline

954 868 - 3861