

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-28-2003 90166 027 \*\*\*150.00

**DOCUMENT # P99000107565**

1. Entity Name  
**SORRY INDUSTRIES, INC.**



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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1201 SW 26 Ave.**

3. Mailing Address

**1201 SW 26 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#310**

**#310**

City & State

City & State

**Pompano Beach, FL 33069**

**Pompano Beach, FL 33069**

4. FEI Number **65-0965113**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33069**

**USA**

**33069**

**USA**

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

**MITCHELL, SCOTT**

**1291-A S. POWERLINE RD., PMB 310  
POMPANO BEACH FL 33069**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MITCHELL, SCOTT</b> <b>1291-A S. POWERLINE RD., PMB 310</b> <b>POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Scott Mitchell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-03**

Date

**954 868-3861**

Daytime Phone #

CR2E034 (10/02)