

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90208 023 ***150.00

DOCUMENT # S45731

1. Entity Name Sorrells of Manatee, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Livingston Road

3. Mailing Address
Livingston Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Box 551

Box 551

City & State
Arcadia, FL

City & State
Arcadia, FL

4. FEI Number
65-0262527

Applied For
Not Applicable

Zip 33821 **Country** US

Zip 33821 **Country** US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Soria, G. Craig, Esquire

Street Address (P.O. Box Number is Not Acceptable)
2201 Ringling Blvd.

Ste 1036

City Sarasota **FL** **Zip Code** 34237

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P	NAME Sorrells, Steven	TITLE	
STREET ADDRESS 125 Marshall Avenue		STREET ADDRESS	
CITY-ST-ZIP Arcadia, FL		CITY-ST-ZIP	
TITLE V	NAME Soria, Ledane	TITLE	
STREET ADDRESS 4375 Brandywine Drive		STREET ADDRESS	
CITY-ST-ZIP Sarasota, FL		CITY-ST-ZIP	
TITLE ST	NAME Soria, Craig	TITLE	
STREET ADDRESS 4375 Brandywine Drive		STREET ADDRESS	
CITY-ST-ZIP Sarasota, FL		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Steve Sorrells*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003 *863-494-3066*
Date Daytime Phone #

CR2E034B (12/02)