

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90153 015 ***150.00

DOCUMENT # S86894

1. Entity Name
SORENSEN RENTALS AND REFERRALS, INC.

Principal Place of Business Mailing Address
634 BEACHLAND BLVD PO BOX 3431
VERO BEACH FL 32963 VERO BEACH FL 32964
US US

2. Principal Place of Business 3. Mailing Address
3206 CARDINAL DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VERO BEACH, FL
 Zip Country Zip Country
32963 USA

4. FEI Number **65-0294397** Applied For
 Not Applicable

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

CALDWELL, WILLIAM W.
756 BEACHLAND BLVD
VERO BEACH FL 32963

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SORENSEN, J. DALE**
 STREET ADDRESS **634 BEACHLAND BLVD**
 CITY-ST-ZIP **VERO BEACH FL 32963**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **3206 CARDINAL DRIVE**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☐ Delete
 NAME **SORENSEN, MATILDE G.**
 STREET ADDRESS **634 BEACHLAND BLVD**
 CITY-ST-ZIP **VERO BEACH FL 32963**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **3206 CARDINAL DRIVE**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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☐ Change ☐ Addition
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 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: J. Dale Sorensen 1/26/01 561-231-6144
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)