

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

Amended

DOCUMENT # **V06997**

1. Entity Name

**Sommers Blue Ribbon
Enterprises INC.**



FILED

03 JUL -2 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500022081275
08/06/03--01002--016 **\$61.21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1841 12 St. S.E.

Suite, Apt. #, etc.

Largo FLA

City & State

33771 Pinellas

Zip

Country

3. Mailing Address

1841 12 St. S.E.

Suite, Apt. #, etc.

Largo FLA

City & State

33771 Pinellas

Zip

Country

4. FEI Number

59-3101865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ed Schrecker

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

7575 Ullerton Rd Suite B

City

Largo

FL

Zip Code

33771

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

James Sommers President

6-22-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
James Sommers Sr
1540 Valencia St
Clearwater FLA 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Vice President
James Sommers Jr
1540 Valencia St
Clearwater FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Ronell Fuller Secretary
3049 Karen Ave
Largo FL 33774**

TITLE
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**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: **James Sommers President**

6-22-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)