

DOCUMENT # V62837

1. Entity Name  
SORRENTO ROAD, INC.

FILED  
Jan 10, 2001 8:00 am  
Secretary of State

01-10-2001 90094 045 \*\*\*150.00

Principal Place of Business  
4409 ROOSEVELT BLVD  
JAX FL 32210  
US

Mailing Address  
847 SORRENTO RD  
JAX FL 32207  
US

2. Principal Place of Business

6725 State Road 13 North

Suite, Apt. #, etc.

3. Mailing Address

6725 State Road 13 North

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

4. FEI Number 59-3141716

Applied For  
Not Applicable

Zip  
32092

Country  
U.S.A.

Zip  
32092

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

FRITSCH, PAUL F.  
847 SORRENTO RD  
JAX FL 32210

7. Name and Address of New Registered Agent

Name PAUL F. FRITSCH

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

6725 State Road 13 North

City St. Augustine

FL

Zip Code 32092

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 Paul F. Fritsch PAUL F. FRITSCH

1-2-01

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  
NAME FRITSCH, PAUL F.  
STREET ADDRESS 847 SORRENTO RD  
CITY-ST-ZIP JAX FL ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 other like empowered.

SIGNATURE: Paul F. Fritsch PAUL F. FRITSCH

1-2-01 9042845825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)