

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90350 005 ***150.00

DOCUMENT # 330562

1. Entity Name

SONNY SEARS, INC.

Principal Place of Business

**5116 OCEAN BLVD.
 SARASOTA FL 34242**

Mailing Address

**5116 OCEAN BLVD.
 SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1215389**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SEARS JR, ERNEST C
~~4557 CAMINO REAL~~
 SARASOTA FL 34231**

4871 KESTRAL PKY N. N.

Name **SEARS JR, ERNEST C.**

Street Address (P.O. Box Number is Not Acceptable) **4871 KESTRAL PKY W, NORTH**

City **SARASOTA**

FL

Zip Code **34231**

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	PD	<input type="checkbox"/> Delete
NAME	SEARS JR, ERNEST C	
STREET ADDRESS	4557 CAMINO REAL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SEARS, CAROL D	
STREET ADDRESS	4557 CAMINO REAL	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST C SEARS JR.

2/23/01 941-344-8777

Date

Daytime Phone #

CR2E034 (10/00)