

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

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90065 030 ***550.00

0865789 AB

DOCUMENT # F02000004729

1. Entity Name
SONEX SOUTHEAST, INC.



Principal Place of Business
**3075 EAST FAIRWAY DRIVE
BRANDON MS 39047**

Mailing Address
**3075 EAST FAIRWAY DRIVE
BRANDON MS 39047**



2. Principal Place of Business

1890 Highway 49 South
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 397
Suite, Apt. #, etc.

City & State

Florence, MS

City & State

Florence, MS

4. FEI Number **64-0947891**

Applied For
Not Applicable

Zip

39073

Country

USA

Zip

39073

Country

USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	VANEK, RICHARD	
STREET ADDRESS	P.O. BOX 752	
CITY-ST-ZIP	MANDEVILLE LA 70470	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CONANT, J.B.	
STREET ADDRESS	3075 EAST FAIRWAY DRIVE	
CITY-ST-ZIP	BRANDON MS 37047	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Robert B. Collins	
STREET ADDRESS	113 Hanover Dr	
CITY-ST-ZIP	Brandon, MS 39047	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT B. COLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/03
Date

601-932-2060
Daytime Phone #

CR2E034 (10/02)