FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000005568

1. Entity Name

Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90545 031 ***158.75

Paul L	J. Sonz Partners								
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	lace of Business cond Street	3. Mailing Address Same	3. Mailing Address Same						
Suite, Apt. #, etc. Suite 255		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Napa, CA	9	City & State		4. Fi	4. FEI Number 68-0189607 Applied Fo Not Applied				
Zip USA	Country Zip 94559		Country		L	5. Certificate of Status Desired \$8.75 Additional Fee Required			
~	and the second s	er anne en			7. Nar	ne and Address of Currer	nt Registered	Agent	
				-Name -Paul D. Sonz					
	DO NOT V		4.	Street Addres	s (P.O. Bo	ox Number is Not Acceptat	ole)		
IN THIS SPACE				33 North Garden Avenue, Suite 775					
				^{City} Clear			FL	Zip Code 33755	
	named entity submits this statement ons of registered agent.	t for the purpose of chang	ing its registere	ed office or regis	stered age	nt, or both, in the State of F	florida. I am far	niliar with, and accept	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE Registered	d Agent signature requ	red when rein	istating)	DATE		
	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department		ų.			9. Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees	
10.		ND DIRECTORS	. :	t to the state of		·			
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NAME	Paul D. Sonz			NAME			* * *		
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12. I hereby of indicated of the corr	ertify that the information supplied won this report or supplemental repor- poration or the receives or trustee er	rith this filing does not qua t is true and accurate and	lify for the exen that my signati report as requ	nption stated in ture the control of	Section 11 e same le 607 Florie	9.07(3)(i), Florida Statutes, gal effect as if made under the Statutes; and that my n	I further certify oath; that I am	/ that the information an officer or director	

of the corporation or the receive or musics or stachment with an address with all other like embewered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 447 6040

Daytime Phone #