

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90900 008 ***150.00

DOCUMENT # K62770

1. Entity Name

SONNYS COFFEE & DONUTS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1116 K ENTERPRISE CT

3. Mailing Address
1116 K ENTERPRISE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLY HILL FL

City & State
HOLLY HILL FL

4. FEI Number
59-2929070

Applied For
Not Applicable

Zip 32117 **Country** US

Zip 32117 **Country** US

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

7. Name and Address of Current Registered Agent

Name
TOUCHTON, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)
1116 K ENTERPRISE CT

City HOLLY HILL **FL** **Zip Code** 32117

**DO NOT WRITE
IN THIS SPACE**

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 reconstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PVST
NAME TOUCHTON, WILLIAM
STREET ADDRESS 1116 K ENTERPRISE CT
CITY - ST - ZIP HOLLY HILL FL 32117

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: William J Touchton *William J Touchton* 4-26-02 386-253-6206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)