

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90010 012 ***158.75

DOCUMENT # K64954

1. Entity Name
SONNY BEACH, INC.

Principal Place of Business
**1833 HURLBURT RD
FT. WALTON BEACH FL 32547
US**

Mailing Address
**1833 HURLBURT RD
FT. WALTON BEACH FL 32547
US**

2. Principal Place of Business ,

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2936672**

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

**MORELAND, DOUGLAS
117 LAKE LORRAINE CIRCLE
SHALIMAR FL 32579**

Name
STEVEN K. NORTON

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

City
MARY ESTHER

FL

Zip Code
32569

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 Steven K. Norton, Steven K. Norton, President 10 April 2001
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 **P** ☐ Delete
NAME **MORELAND, DOUGLAS**
STREET ADDRESS **117 LAKE LORRAINE CIRCLE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VP** ☒ Change ☐ Addition
NAME **MORELAND, DOUGLAS**
STREET ADDRESS **117 LAKE LORRAINE CIRCLE**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **TS** ☒ Delete
NAME **MORELAND, PAULA**
STREET ADDRESS **117 LAKE LORRAINE CIRCLE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **P** ☐ Change ☒ Addition
NAME **NORTON, STEVEN K.**
STREET ADDRESS **115 SCOTTSDALE COURT**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **VP** ☐ Delete
NAME **DECKER, JAMES**
STREET ADDRESS **608 31ST ST**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **T** ☒ Change ☐ Addition
NAME **DECKER, JAMES**
STREET ADDRESS **608 31st STREET**
CITY-ST-ZIP **NICEVILLE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **NORTON, LISA A.**
STREET ADDRESS **115 SCOTTSDALE COURT**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

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

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: Steven K. Norton, Steven K. Norton 10 April 2001 850 664 0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0036248

CR2E034 (10/00)