## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000036339  1. Entity Name SONECO, INC:					Jan 23, 2002 8:00 am Secretary of State 01-23-2002 90075 029 ***150.00			
	No. of the second							
•	ce of Business  WILLIAMS AVE	Mailing Address 6672 DOUG WILLIAMS AVE COCOA FL 32926						
0000A 12 0	2020	,						
2. Principal Place of Business 1404 Lake Drive 351 Tuscanu				4	1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	A FC	City & State	FC	4. (	FEI Number 59-3637606	No	plied For t Applicable	
3a98	26 Country		Country USA	5. (	Certificate of Status Desired	<b>\$8.75</b> Add Fee Required		
	6. Name and Address of Current Re	egistered Agent	Name	7. 1	Name and Address of New Register	red Agent		
DITTMER, DARIN G					rmer Darin	G		
Officer Address (					Ox Number is Not Acceptable)			
COCOA FL 32922								
City Co.					<u>A I</u>	FL Zig Code		
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE Signal received or printed name disegistered agent and title if applicable. (NOTE: Registered Agent pignafure reduired when reinstating)  DATE								
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 ke Check Payable to Department of Stat		Election Campaign Financing     Trust Fund Contribution.	_ ~~.~.	May Be to Fees	
11.	OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFICERS			
NAME STREET ADDRESS CITY-ST-ZIP	PD DITTMER, DARIN G 625 BREVARD AVE. COCOA FL 32922	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1404 Cocoa	LAKE Drive	Change	☐ Addition ;	
TITLE		☐ Delete	TITLE	است	i i ja ja ja	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		!	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				Ì	
CITY-ST-ZIP			CITY-ST-ZIP		•			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment of the an ardress, with	ue and accurate and that my a ered to execute this report as	signature shall ha	ave the same I	legal effect as if made under oath; the	at I am an officer o	or director	

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Device Phone #