


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90064 009 ***150.00

DOCUMENT # P00000075021

1. Entity Name
SONSET HOLDING INC.



Principal Place of Business
**2655 NORTH OCEAN DRIVE SUITE 300
SINGER ISLAND FL 33404**

Mailing Address
**1600 GULF BLVD
#712
CLEARWATER FL 33767**



2. Principal Place of Business
1390 Gulf Blvd

Suite, Apt. #, etc.
Ste 804

City & State
Clearwater FL

Zip
33767

Country

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1033021**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STUDDARD, KEN SR
2655 NORTH OCEAN DRIVE SUITE 300
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1390 Gulf Blvd Ste 804

City **Clearwater** FL Zip Code **33767**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STUDDARD, KEN SR 2655 NORTH OCEAN DRIVE SUITE 300 SINGER ISLAND FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUDDARD, ANITA C 2655 NORTH OCEAN DRIVE SUITE 300 SINGER ISLAND FL 33404
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 Gulf Blvd Ste 804 Clearwater FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 Gulf Blvd Ste 804 Clearwater FL 33767
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **3/12/03** Daytime Phone # _____

CR2E034 (10/02)