

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000075052

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: SONNY - GAYE CORPORATION

Current Principal Place of Business:

P.O. BOX 2294
PLANT CITY, FL 335642294

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2294
PLANT CITY, FL 335642294

New Mailing Address:

FEI Number: 59-3663926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRANGE, CECIL
5301 STAFFORD RD.
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRANGE, CECIL
Address: 5301 STAFFORD RD.
City-St-Zip: PLANT CITY, FL 33565

Title: SD () Delete
Name: STRANGE, LISA
Address: 5301 STAFFORD RD.
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL STRANGE

PD

04/19/2002

Electronic Signature of Signing Officer or Director

Date