Apr-26-02 12:07P

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90292 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035221

1. Entity Name
SONAVMIR, INC.

DO NOT WRITE IN THIS SPACE

656757

2. Principal Place of Business	3. Mailing Address
4112 TOWN CENTER BLVD	814 SUWANEE COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO	City & State: MAITLAND
Zip: 32837 Country: USA	Zip: 32751 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715359 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: PETER STOCKLEY
Street Address (P.O. Box Number is Not Acceptable): 814 SUWANEE COURT
City: MAITLAND FL Zip Code: 32751

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 Peter H Stockley, Reg. Agent 04/26/02
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) [X]

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	D	TITLE	
NAME	RODNEY G. HOUISON	NAME	
STREET ADDRESS	814 SUWANEE COURT	STREET ADDRESS	
CITY - ST - ZIP	MAITLAND, FL 32751	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	MARTIN SACK	NAME	
STREET ADDRESS	814 SUWANEE COURT	STREET ADDRESS	
CITY - ST - ZIP	MAITLAND, FL 32751	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY - ST - ZIP		CITY - ST - ZIP	IN THIS SPACE
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CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peter H Stockley, Reg. Agent 04/26/02 (407) 645 3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034D (12/01)

STF FL32381F.1