

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4112 TOWN CENTER BLVD
 Suite, Apt. #, etc.

3. Mailing Address
 814 SUWANEE COURT
 Suite, Apt. #, etc.

City & State
 ORLANDO
Zip
 32837
Country
 USA

City & State
 MAITLAND
Zip
 32751
Country
 USA

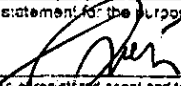
4. FEI Number
 59-3715359
Applied For
☐ Not Applicable

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

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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's 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) ☒

January 1 - May 1 Fee is \$180.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODNEY G. HOUSON 814 SUWANEE COURT MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN SACK 814 SUWANEE COURT MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

(407) 645 3376

SIGNATURE  **Peter H Stockley, Reg. Agent 04/26/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

ST FL 32381F.1

CR2034E (12/01)