FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 20, 2004 8:00 am
Secretary of State
04-29-2004 90249 012 ***150.00

DOCUMENT # P01000119466

1. Entity Name
SONORA ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

66423127

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2. Principal Place of Business	3. Mailing Address
6408 MT. PLYMOUTH RD	PO BOX 1358
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State: SORRENTO, FL
Zip: 32712-5229 County: ORANGE	Zip: 32776-1358 County: LAKE

4. FEI Number: 600002640 ☐ 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: BASQUE, JAMES

Street Address (P.O. Box Number is Not Acceptable):
135 W.CENTRAL BLVD SUITE 1100

City: ORLANDO FL Zip Code: 32802

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)

Certified Copy (Additional Fee is $30.00)
Certificate of Status (Additional Fee is $8.75)
Make Checks 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	P
NAME	HILL, DAVID
STREET ADDRESS	PO BOX 1358
CITY-ST-ZIP	SORRENTO, FL 32776

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/19/04 (407)886-6468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #