

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90058 034 \*\*\*150.00

DOCUMENT # P02000030624

1. Entity Name  
SONIC VENTURES, INC.



Principal Place of Business  
101 BAUGHMAN AVENUE  
DANVILLE KY 40422

Mailing Address  
101 BAUGHMAN AVENUE  
DANVILLE KY 40422

2. Principal Place of Business  
1324 CLEARGLADES DR.

3. Mailing Address  
1324 CLEARGLADES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WESLEY CHAPEL FL

City & State  
WESLEY CHAPEL FL

4. FEI Number  
01-0657113

Applied For  
Not Applicable

Zip  
33543

Country  
PASCO

Zip  
33543

Country  
PASCO

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

☒ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

Name DONALD D'AMATO  
Street Address (P.O. Box Number is Not Acceptable)  
1324 CLEARGLADES DR  
City WESLEY CHAPEL FL Zip Code 33543

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 Donald D'Amato DONALD D'AMATO President 3-1-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	D D'AMATO, DONALD 410 O'HARA DRIVE DANVILLE KY 40422 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMATO, DOREEN 410 O'HARA DRIVE DANVILLE KY 40422 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'AMATO DONALD 1324 CLEARGLADES DR. WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'AMATO DOREEN 1324 CLEARGLADES DR. WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Donald D'Amato DONALD D'AMATO 3-1-03 815-787-8553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)