

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000072024

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: SONIC LURES, INC.

## Current Principal Place of Business:

17976 KEY LIME BLVD.,  
LOXAHATCHEE, FL 334702901

## New Principal Place of Business:

## Current Mailing Address:

17976 KEY LIME BLVD.,  
LOXAHATCHEE, FL 334702901

## New Mailing Address:

FEI Number: 11-3642080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACKAY, KATHERINE  
17976 KEY LIME BLVD  
LOXAHATCHEE, FL 334702901

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MACKAY,, DAVID A  
Address: 17976 KEY LIME BLVD.,  
City-St-Zip: LOXAHATCHEE, FL 334702901

Title: V ( ) Delete  
Name: MACKAY, KATHERINE  
Address: 17976 KEY LIME BLVD.,  
City-St-Zip: LOXAHATCHEE, FL 334702901

## 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: KATHERINE MACKAY

V

04/29/2003

Electronic Signature of Signing Officer or Director

Date