

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90055 050 \*\*\*150.00

**DOCUMENT # P02000097998**

1. Entity Name  
**SONOTRANS LOGISTICS CORP.**



Principal Place of Business  
**1090 EGRET LAKE WAY  
MELBOURNE FL 32940**

Mailing Address  
**1090 EGRET LAKE WAY  
MELBOURNE FL 32940**

**10000050**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3712475**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOULDS, MICHAEL T  
1090 EGRET LAKE WAY  
MELBOURNE FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Change ☒ Addition  
NAME **President Carol Moulds**  
STREET ADDRESS **1090 Egret Lake Way**  
CITY - ST - ZIP **Melbourne, FL 32940**

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Change ☒ Addition  
NAME **Vice President Michael Moulds**  
STREET ADDRESS **1090 Egret Lake Way**  
CITY - ST - ZIP **Melbourne, FL 32940**

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

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TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
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STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

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: **Carol Moulds** **Michael Moulds**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-03**

**321-259-5410**

Date

Daytime Phone #

CR2E034 (10/02)