

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90074 046 \*\*\*158.75

**DOCUMENT # P02000108655**

**1. Entity Name**  
**THOROUGHbred GUITARS, INC.**



**Principal Place of Business**  
**3108 CENTRAL DRIVE**  
**PLANT CITY FL 33567**

**Mailing Address**  
**3108 CENTRAL DRIVE**  
**PLANT CITY FL 33567**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**42-1557616**

Applied For

Not Applicable

Zip

**33566**

Country

Zip

**33566**

Country

**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**

**CARREJA, MINDY L ESQ.**  
**220 SOUTH FRANKLIN STREET**  
**TAMPA FL 33602**

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** **PRESIDENT** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **PRESIDENT DIRECTOR** ☐ Change ☒ Addition  
**NAME** **SAMUEL J. PATTERSON**  
**STREET ADDRESS** **2217 VALRICO FOREST DR**  
**CITY-ST-ZIP** **VALRICO FL 33594**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VICE PRESIDENT DIRECTOR** ☐ Change ☒ Addition  
**NAME** **M. KENT SONENBERG**  
**STREET ADDRESS** **12912 RAIN FOREST ST**  
**CITY-ST-ZIP** **TEMPLE TERRACE FL 33617**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **SECRETARY/TREASURER DIRECTOR** ☐ Change ☒ Addition  
**NAME** **G. RANDALL MORNINGSTAR**  
**STREET ADDRESS** **2902 BARRET AVE**  
**CITY-ST-ZIP** **PLANT CITY FL 33566**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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:** **G. RANDALL MORNINGSTAR**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/03 (813) 359-1200 X233**

Date

Daytime Phone #

CR2E034 (10/02)