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

## P06682 DOCUMENT #

1. Entity Name

SONITROL OF THE PALM BEACHES COMPANY

1	

**FILED** Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90377 001 \*\*\*300.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP						No.	<b>′</b>					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Count	1133 OLD O	KEECHOBEE ROAD	1133 OLD OKEECHOBEE ROAD									
City & State  Ci	2. Principal P	Place of Business	3. Mail	ing Address								
Signature   Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF #	MAKING C	HANGES		
Sectificate of Status Desired   Se. 75 Additional Fee Propriets   Se. 75 Additional Fee Propriets   See Prop	City & Stat	e	City & State				4. 1	FEI Number 59-245 1532		_ <del></del>	<del>`</del>	
ROSENTHAL, REBECCA S. ESO 1133 OLD OKECHOBEE ROAD WEST PALM BEACH FL 33401  8. The above named antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Title Now!!   FEL   S 150.00	Zip	Country	Zip	Zip Country			5. (	5. Certificate of Status Desired Section 5 88.75 Additional				
ROSENTHAL, REBECCA S. ESO 1133 OLD OKECHOBEE ROAD WEST PALM BEACH FL 33401  6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SUBMIT FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 200		6. Name and Address of Current	Begistere	d'Agent: = 15	1		7.1	Name and Address of New Pagi				ı
## Addition of registreed area and arrially submits this statement for the purpose of changing its registreed office or registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent.  ## Supmiss special properties agent and the dependence of the purpose of changing its registreed office or registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent.  ## Supmiss special properties agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent.  ## Supmiss special properties agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent.  ## Supmiss special properties agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent.  ## Supmiss special properties agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent.  ## Supmiss special properties agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent, or both, in the State of Florida. I am far-th-with, and accept the obligations of registreed agent, or both, in the State of Florida. I am far-th-with, and accept the florida of Florida. I am far-th-with, and accept the florida. I am far-th-with, and accept the florida of Florida. I am far-t		<u> </u>		<u> </u>		Name	1.40	name and Address of New negr	,			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature						Street Addres	s (P.O. B	ox Number is Not Acceptable)				
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    FILE NOW!!! FEE IS \$150.00	WEST PA	ALM BEACH FL 33401										
SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD						City			FL	Zip Cod	e	ĺ
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE SIRE	the obligat	ions of registered agent.								iliar with,	and accept	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After	May 1, 2003 Fee will be \$550.00	f State				-					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS S	10.	OFFICERS AND	DIRECTOR	RS	11.		ΑĎ	DITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS	S IN 11	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	PD ROSENTHAL, JOSEPH 1133 OLD OKEECHOBEE RD			NAMI STRE	ET ADDRESS					Addition	(40/00)
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	STD ROSENTHAL, REBECCA S. 1133 OLD OKEECHOBEE RD		☐ Delete	NAME STREE	E ET ADDRESS		1 AP 2 t		] Change	☐ Addition	000
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	NAME STREET ADDRESS			Delete -	NAME STREE	E ET ADDRESS	ee ere		سر سيويه ييغ م	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAME STREE	ET ADDRESS	7			Change	Addition	
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAME STREE	ET ADDRESS				Change	Addition	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, Lifurther certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	artify that the information and the first	thin 4th -		NAME STREE CITY-	ET ADDRESS ST-ZIP	0	40.07(0)() 5:		-		

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.