

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90392 020 ***150.00

DOCUMENT # P94000000145

1. Entity Name
SONTAG, INC.

Principal Place of Business

**3005 W. LAKE MARY
 SUITE 120
 LAKE MARY FL 32746
 US**

Mailing Address

**3005 W. LAKE MARY
 SUITE 120
 LAKE MARY FL 32746
 US**

2. Principal Place of Business

51 S. Hiway 17/92
 Suite, Apt. #, etc.

3. Mailing Address

51 S. Hiway 17/92
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DeBary, FL

City & State

DeBary, FL

4. FEI Number

59-3216682

Applied For

Not Applicable

Zip

32713

Country

USA

Zip

32713

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SONTAG, ALBERT
 3005 W. LAKE MARY BLVD
 SUITE 120
 LAKE MARY FL 32746**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **SONTAG, ALBERT**
 STREET ADDRESS **3005 W. LAKE MARY**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **P** ☒ Change ☐ Addition
 NAME **Albert SONTAG**
 STREET ADDRESS **51 S. Hiway 17/92**
 CITY-ST-ZIP **DeBary, FL 32713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

407-492-4252

CR2E034 (10/00)