2000 UNIFORM BUSINESS REPORT (UBR)

Aug 22, 2000 08:00 AM DOCUMENT # P9600006334 1. Entity Name **Secretary of State** SONIC ENGINEERING, INC. Principal Place of Business Mailing Address 218 SO. MILITARY TRAIL 218 SO. MILITARY TRAIL DEERFIELD BEACH FL DEERFIELD BEACH FL 33442 33442 US 2. Principal Place of Business 3. Mailing Address 1302 NW 33RD STREET 1302 NW 33RD STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For POMPANO REACH FL POMPANO REACH FL 65-0642217 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 33064 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POSSANZA PAIII. POSSANZA 2500 N POWERLINE ROAD Street Address (P.O. Box Number is Not Acceptable) **BAY 302** 1302 NW 33RD STREET POMPANO BEACH 33069 City Zip Code POMPANO BEACH 33064 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. 08/22/2000 PAUL J. POSSANZA (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D TITLE ☐ Delete X Change ☐ Addition POSSANZA PAUL NAME POSSANZA PAUL STREET ADDRESS 2520 N POWERLINE RD, BAY 302 STREET ADDRESS 1302 NW 33RD STREET CITY-ST-ZIP POMPANO BEACH \mathbf{FL} CITY-ST-ZIP POMPANO BEACH 33064 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.

FILED