

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042489

1. Entity Name

SONOGRAM OF FLORIDA, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90096 010 \*\*\*150.00

Principal Place of Business

Mailing Address

8489 MS US HWY 1  
PORT ST LUCIE FL 34952  
US

8489 S US HWY 1  
PORT ST LUCIE FL 34952-3360  
US

2. Principal Place of Business

3. Mailing Address

81 ROYAL PALM POINTE  
Suite, Apt. #, etc.

81 ROYAL PALM POINTE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0666487

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32960

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

BELL, RONALD W  
910 WINDSONG WAY  
VERO BEACH FL 32963

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

RONALD W. BELL PRESIDENT 4/24/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BELL, RONALD W	
STREET ADDRESS	8489 S US HWY 1	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	81 ROYAL PALM POINTE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 #

RONALD W. BELL PRESIDENT 4/24/00 561-564-8650

CR2E034 (9/99)