

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044127

1. Entity Name

SONJACK, CO.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90011 045 \*\*\*150.00

Principal Place of Business

2527 APALACHEE PARKWAY  
TALLAHASSEE FL 32301

Mailing Address

3783 HARTSFIELD RD  
TALLAHASSEE FL 32303-1120  
US

2. Principal Place of Business

2250 Hwy 71 N

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARIANNA FL

City & State

4. FEI Number

59-3383128

Applied For

Not Applicable

Zip

Country

32448 USA

Zip

Country

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

SMITH, BRYAN K  
3783 HARTSFIELD RD  
TALLAHASSEE FL 32303

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SMITH, BRYAN K  
STREET ADDRESS 3783 HARTSFIELD RD  
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ Delete

TITLE P/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE D  
NAME HAROLD A. Smith  
STREET ADDRESS 3783 Hartsfield Rd  
CITY-ST-ZIP Tallahassee, FL 32303

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 (850) 575-9997

CR2E034 (9/99)