

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90272 007 ***150.00

DOCUMENT # P96000062902

1. Entity Name
SON ELECTRONICS & SERVICES, INC.

Principal Place of Business

17754 133RD TRL N
JUPITER FL 33478
US

Mailing Address

17754 133RD TRL N
JUPITER FL 33478
US

2. Principal Place of Business

885 DONALD ROSS RD
 Suite, Apt. #, etc.

3. Mailing Address

13333 EDGESTONE DR
 Suite, Apt. #, etc.

City & State

JUNO, FL

City & State

PINEVILLE, N.C.

Zip

33408

Country

USA

Zip

28134

Country

USA

4. FEI Number

65-0685460

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOEHRIG, STEVEN L
17754 133RD TRL N
JUPITER FL 33478

STBUE LOEHRIG
885 DONALD ROSS RD
JUNO, FL 33408

7. Name and Address of New Registered Agent

Name

STBUE LOEHRIG
Street Address (P.O. Box Number is Not Acceptable)

13333 EDGESTONE DR

City

PINEVILLE

Zip Code

28134

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)

Y-28-02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LOEHRIG, STEVEN L	
STREET ADDRESS	17754 133 TRAIL NO	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOEHRIG, KATHLEEN G	
STREET ADDRESS	17754 133 TRAIL NO	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEHRIG, STEVEN L	
STREET ADDRESS	13333 EDGESTONE DR	
CITY-ST-ZIP	PINEVILLE, N.C. 28134	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y-28-02

Date

704-754-9097

Daytime Phone #

CR2E034 (9/01)