

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90087 016 ***550.00

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DOCUMENT # P96000062902

1. Entity Name
SON ELECTRONICS & SERVICES, INC.



Principal Place of Business
**885 DONALD ROSS RD
JUNO FL 33408
US**

Mailing Address
**13333 EDGETREE DR
PINEVILLE NC 28134
US**



2. Principal Place of Business

16069 73 TBR N.

Suite, Apt. #, etc.

3. Mailing Address

16069 73 TBR N.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PALM BEACH GARDENS, FL.

City & State

PALM BEACH GARDENS, FL.

4. FEI Number **65-0685460**

Applied For

Not Applicable

Zip

33418

Country

US

Zip

33418

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOEHRIG, STEVE
885 DONALD ROSS RD
JUNO, FL 33408**

7. Name and Address of New Registered Agent

Name **LOEHRIG, STEVE**
Street Address (P.O. Box Number is Not Acceptable)
16069 73 TBR N.
City **PALM BEACH GARDENS FL** Zip Code **33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-9-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOEHRIG, STEVEN L	
STREET ADDRESS	13333 EDGETREE DR	
CITY-ST-ZIP	PINEVILLE NC 28134	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEHRIG, STEVEN L.	
STREET ADDRESS	16069 73 TBR N.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418	
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		

12. 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 10 or Block 11 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

9-9-03

Date

954-818-9996

Daytime Phone #

CR2E034 (4/03)