

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 048 ***150.00

DOCUMENT # P98000069708

1. Entity Name

Sornsong, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10206-4th STE.

Suite, Apt. #, etc.

3. Mailing Address

10206-4th St E.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

643503

City & State

Treasure Isl. FL

City & State

Treasure Isl.

4. FEI Number

59-3528026

Applied For

Not Applicable

Zip

33706

Country

Pinellas

Zip

33706

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Walter Wilder

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

10206-4th St E.

City

Treasure Isl.

FL

Zip Code

33706

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President - PSTD Kanya Sornsong 10206-4th St E. Treasure Isl. FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer - Walter Wilder 10206-4th St E. Treasure Isl. FL 33706
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Wilder Walter Wilder Director

4/19/02 727 360 6751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)