

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095762

1. Entity Name

SONIC THIRD-PARTY SERVICES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90008 028 ***150.00

Principal Place of Business

1632 NESTLEWOOD TRAIL
ORLANDO FL 32837
US

Mailing Address

1632 NESTLEWOOD TRAIL
ORLANDO FL 32837-8007
US

2. Principal Place of Business

2091 Derby Glen Drive

Suite, Apt. #, etc.

3. Mailing Address

2091 Derby Glen Drive

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32837

Country
USA

City & State
Orlando, FL

Zip
32837

Country
USA

4. FEI Number 59-3548122

Applied For

Not Applicable

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

LIDDELL, JOHN
1632 NESTLEWOOD TRAIL
ORLANDO FL 32837

Name
John Lytus

Street Address (P.O. Box Number is Not Acceptable)
2091 Derby Glen Drive

City
Orlando

FL

Zip Code
32837

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

John Lytus President

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

(NOTE: Registered Agent signature required when reinstating)

4/14

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME LYTUS, JOHN
STREET ADDRESS 2091 DERBY GLEN DRIVE
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME LIDDELL, JOHN
STREET ADDRESS 1632 NESTLEWOOD TRAIL
CITY-ST-ZIP ORLANDO FL 32837 ☐ 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

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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:

John Lytus President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14

Date

407-908-4745

Daytime Phone #

CR2E034 (9/99)