

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90001 006 \*\*\*150.00

**DOCUMENT # P98000095762**

1. Entity Name

**SONIC THIRD-PARTY SERVICES, INC.**

Principal Place of Business

**2091 DERBY GLEN DR  
 ORLANDO FL 32837  
 US**

Mailing Address

**2091 DERBY GLEN DR  
 ORLANDO FL 32837  
 US**

2. Principal Place of Business  
**5108 Lobo Court**

3. Mailing Address  
**5108 Lobo Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando, FL 32819**

City & State  
**Orlando, FL 32819**

4. FEI Number  
**59-3548122**

Applied For  
 Not Applicable

Zip  
**32819**

Country  
**USA**

Zip  
**32819**

Country  
**USA**

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

**LYTUS, JOHN  
 2091 DERBY GLEN DR  
 ORLANDO FL 32837**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5108 Lobo Court**

City  
**Orlando**

FL

Zip Code  
**32819**

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*

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

(NOTE: Registered Agent signature required when reinstating)

*1/10/02*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
**P/T/D** ☒ Change ☐ Addition  
 NAME  
**John Lytus**  
 STREET ADDRESS  
**5108 Lobo Court**  
 CITY-ST-ZIP  
**Orlando, FL 32819**

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

TITLE  
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 STREET ADDRESS  
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 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:

*John Lytus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/02*

DATE

Daytime Phone #

CR2E034 (9/01)