

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003877

1. Entity Name

SONNENSTRAHL, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90047 004 \*\*\*150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DRIVE #1  
 NAPLES FL 34103

5117 CASTELLO DRIVE #1  
 NAPLES FL 34133-0279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd.  
 Suite, Apt. #, etc.  
 200

P.O. Box 279  
 Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

Zip

Country

Zip

Country

34135

34133

4. FEI Number

59-3551488

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

AMBURN, JAMES W  
 5117 CASTELLO DRIVE #1  
 NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd.

City

Bonita Springs

FL

Zip Code

34135

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) ☐

**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 ☐ Delete  
 NAME D  
 STREET ADDRESS AMBURN, JAMES W  
 CITY-ST-ZIP 5117 CASTELLO DRIVE #1  
 NAPLES FL 34103

TITLE ☒ Change ☐ Addition  
 NAME 28000 Spanish Wells Blvd.  
 STREET ADDRESS Bonita Springs, FL  
 CITY-ST-ZIP 34135

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

*James W Amburn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/00

Daytime Phone #

941-992-3555

CR2E034 (9/99)