

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90017 049 ***150.00

DOCUMENT # P99000101716

1. Entity Name
SONNIG HOME BUILDERS, INC.

Principal Place of Business

**20 GOLF VIEW DR
 Ocala FL 34472**

Mailing Address

**20 GOLF VIEW DR
 Ocala FL 34472**

550005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0962442**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARDEN, DAVID M
 20 GOLF VIEW DR
 Ocala FL 34472**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

4/30/01

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, 2001 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

TITLE	D <input type="checkbox"/> Delete
NAME	BREITBACH, RAINER
STREET ADDRESS	20 GOLF VIEW DR
CITY-ST-ZIP	OCALA FL 34472
TITLE	D <input type="checkbox"/> Delete
NAME	KLEIN, WERNER
STREET ADDRESS	20 GOLF VIEW DR
CITY-ST-ZIP	OCALA FL 34472
TITLE	D <input type="checkbox"/> Delete
NAME	RICKHOFF, GERHARD
STREET ADDRESS	20 GOLF VIEW DR
CITY-ST-ZIP	OCALA FL 34472
TITLE	D <input type="checkbox"/> Delete
NAME	SCHMALE, DIETER
STREET ADDRESS	20 GOLF VIEW DR
CITY-ST-ZIP	OCALA FL 34472
TITLE	D <input type="checkbox"/> Delete
NAME	TIEN, JOHANNES
STREET ADDRESS	20 GOLF VIEW DR
CITY-ST-ZIP	OCALA FL 34472
TITLE	D <input type="checkbox"/> Delete
NAME	HARDEN, DAVID M
STREET ADDRESS	580 SW 48 LANE
CITY-ST-ZIP	OCALA FL 34474

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

CR2E034 (10/00)