

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000101716

FILED
Aug 08, 2002
Secretary of State

Entity Name: SONNIG HOME BUILDERS, INC.

Current Principal Place of Business:

20 GOLF VIEW DR
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

20 GOLF VIEW DR
OCALA, FL 34472

New Mailing Address:

FEI Number: 65-0962442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEN, DAVID M
20 GOLF VIEW DR
OCALA, FL 34472

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREITBACH, RAINER
Address: 20 GOLF VIEW DR
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: KLEIN, WERNER
Address: 20 GOLF VIEW DR
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: RICKHOFF, GERHARD
Address: 20 GOLF VIEW DR
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: SCHMALE, DIETER
Address: 20 GOLF VIEW DR
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: TIEN, JOHANNES
Address: 20 GOLF VIEW DR
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: HARDEN, DAVID M
Address: 580 SW 48 LANE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M HARDEN

D

08/08/2002

Electronic Signature of Signing Officer or Director

_____ Date