

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90027 046 ***150.00

DOCUMENT # P96000015077

1. Entity Name
ACOUSTIC INT'L. INC.

Principal Place of Business 1120 53RD AVENUE, EAST BRADENTON FL 34203 3809 42 AVE WEST BRA. FLA 34205	Mailing Address 1120 53RD AVENUE, EAST BRADENTON FL 34203-4800 3809 42 AVE WEST BRA FLA 34205
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2. Principal Place of Business 3809 42ND AVE. W	3. Mailing Address 3809 42ND AVE W
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State BRADENTON, FL	City & State BRADENTON, FL	4. FEI Number 65-0645717	Applied For <input type="checkbox"/> Not Applicable
Zip 34205	Country MANATEE	Zip 34205	Country MANATEE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VALLIERES, CLAUDE 1120 53RD AVENUE EAST 3809 42 AVE W BRADENTON FL 34205	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3809 42ND AVE. W City BRADENTON FL Zip Code 34205
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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 *Claude Vallieres* **CLAUDE VALLIERES** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 P	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALLIERES, CLAUDE		NAME 4003 39TH AVE WEST	
STREET ADDRESS 1120 53RD AVE EAST	4003 39 AVE WEST	STREET ADDRESS BRADENTON FL 34205	
CITY-ST-ZIP BRADENTON FL	34205	CITY-ST-ZIP BRADENTON FL 34205	
TITLE VP	<input type="checkbox"/> Delete	TITLE VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONAST, PIERRE		NAME 3809 42ND AVE WEST	
STREET ADDRESS 1120 53RD AVE EAST	3809 42 AVE WEST	STREET ADDRESS BRADENTON, FL 34205	
CITY-ST-ZIP BRADENTON FL	34205	CITY-ST-ZIP BRADENTON, FL 34205	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Claude Vallieres* **CLAUDE VALLIERES** **02-09-00**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)