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	Mailing Address
~~1120 53RD AVENUE, EAST~~ ~~BRADENTON FL 34203~~ 3809 42 AVE WEST BRA. FLA 34205	~~1120 53RD AVENUE, EAST~~ ~~BRADENTON FL 34203-4889~~ 3809 42 AVE WEST BRA. FLA 34205
2. Principal Place of Business: 3809 42ND AVE. W	3. Mailing Address: 3809 42ND AVE W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34205 Country: MANATEE	Zip: 34205 Country: MANATEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0645717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALLIERES, CLAUDE
[illegible] 3809 42 AVE W
BRADENTON FL ~~34203~~ 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

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] CLAUDE VALLIERES
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	P	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	VALLIERES, CLAUDE		NAME		
STREET ADDRESS	1120 53RD AVE EAST 4003 39 AVE WEST		STREET ADDRESS	4003 39TH AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34205		CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VP	☐ Delete	TITLE	VPD	☑ Change ☐ Addition
NAME	MONAST, PIERRE		NAME		
STREET ADDRESS	[illegible] 3809 42 AVE WEST		STREET ADDRESS	3809 42ND AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34205		CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] CLAUDE VALLIERES 02-09-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #