## **2002 UNIFORM BUSINESS REPORT (UBR)**

2002 UNIFORM BUSINESS REPORT (UBR)				FILED			
DOCUMENT # P0100079461  1. Entity Name ACOUSTIBLOK, INC.				Feb 19, 2002 8:00 am Secretary of State 02-19-2002 90030 044 ***150.00			
Principal Place of Business  4207 EVA ST. TAMPA FL 33617	VA ST. 4207 EVA ST.				25500 		
. Principal Place of Business 3. Mailing Address		مهمي د يده بيدمون			8611   1681   1611   1783		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State		4. FEI Number Applied For Not Applicable					
Zip Country	Zip Countr		5.	5. Certificate of Status Desired			
6. Name and Address of Curre	Name	7. Name and Address of New Registered Agent					
JOHNSON, LAHNIE 4207 EVA ST.			treet Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33617		City			FL Zip Code	e	
8. The above named entity submits this statement	for the purpose of changing its	registered office or	registered a	gent, or both, in the State of Florida.			
SIGNATURE							
Signature, typed or printed name of registered ago	ent and title if applicable. (NOT)	E; Registered Agent signatu	re required when	reinstating) [	DATE		
9. This corporation is eligible to satisfy its Intangit Taxifiling requirement and elects to do so. (See criteria on back)	After May 1, 20	!!! FEE IS \$150.0 02 Fee will be \$5 ble to Department	50.00	<b>10.</b> Election Campaign Financin Trust Fund Contribution.	++.+	<b>0</b> May Be I to Fees	
	ID DIRECTORS	12.	AI	DDITIONS/CHANGES TO OFFICERS			
NAME JOHNSON, LAHNIE STREET ADDRESS CITY-ST-ZIP PSTD JOHNSON, LAHNIE 4207 EVA ST. TAMPA FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	☐ Delete				☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE  NAME	Delete				Change	Addition	
STREET ADDRESS CHY-S1-ZIP		STREET ADDRESS				,	
TITLE NAME STREET ADDRESS CITY ST. 719					Change	☐ Addition :	
TITLE NAME STREET ADDRESS	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			☐ Change	☐ Addition	
13. I hereby certify that the information supplied windicated on this report or supplemental report		CITY-ST-ZIP		**************************************			