

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000138

1. Entity Name
NEREUS AUDIO INTERNATIONAL, LTD.

Principal Place of Business

Mailing Address

4710 Eisenhower Blvd. Suite C-8
Tampa, FL 33634

4531 Rosemere
Tampa, FL 33609-4209

2. Principal Place of Business

3. Mailing Address

2202 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5th FL

City & State

City & State

Tampa, FL

Zip

Country

Zip

33607

Country

US

4. FEI Number

59-3221914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kadow, Joseph H.
2202 N. Westshore Blvd., 5th Floor
Tampa, FL 33607

Name

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

100004214771--9

-05/14/01--01080--022

City

****157.35 ****157.35

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.

(NO E-Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$9,800.00

10. Amount of Capital Contributions
in FLORIDA to date.

MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000001622
NAME Nereus Audio International, Inc.
STREET ADDRESS 4531 Rosemere
CITY-ST-ZIP Tampa, FL 33609

STREET ADDRESS 2202 N. Westshore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

68.60-up
88.75-Adm

B/K

4/24

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

4/9/01

(813) 282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)