

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000875

1. Entity Name

SYMPHONY ELECTRONICS CORP.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90303 026 \*\*\*150.00

LUUU5923



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2239 15TH ST UNIT B  
SARASOTA FL 34237  
US

Mailing Address  
2239 15TH ST UNIT B  
SARASOTA FL 34237-2829  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-4241272

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHAWKINS, RON  
2239 15TH ST., UNIT B  
SARASOTA FL 34237

Name

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

City

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.

(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	CP	<input type="checkbox"/> Delete
NAME	CHAWKINS, RONALD C	
STREET ADDRESS	2239 15TH ST., UNIT B	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	CV	<input type="checkbox"/> Delete
NAME	CHAWKINS, NEIL E	
STREET ADDRESS	2239 15TH ST UNIT B	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CHAWKINS, CAROL J	
STREET ADDRESS	2209 S. BEVERLY DR.	
CITY-ST-ZIP	LOS ANGELES CA 90034	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAWKINS, JULIUS	
STREET ADDRESS	2209 S. BEVERLY DR.	
CITY-ST-ZIP	LOS ANGELES CA 90034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00

CR2E034 (9/99)