## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT # **H41370** 1. Entity Name CUMBERLAND SOUND, INC. 03-03-2000 90215 047 \*\*\*150.00 Mailing Address Principal Place of Business % WILLIAM H. KAVANAUGH WILLIAM H. KAVANAUGH 112 N. 6TH ST. N. 6TH ST. 00024704 FERNANDINA BEACH FL 32034-3814 BEACH FL 32034 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2374043 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAVANAUGH, WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 112 N. 6TH ST. FERNANDINA BEACH FL 32034 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE MAVANAUCH, ANNE 112 N. GH. St. NAME NAME KAVANAUGH, WILLIAM H. STREET ADDRESS STREET ADDRESS 112 N. 6TH STREET 32034 FERNANDINA ACH., FL CITY-ST-7IP CITY-ST-ZIP FERNANDINA BEACH FL Change TITLE ☐ Delete TITLE KAVANAUGH , MILLIAM H. KAVANAUGH, ANNE NAME NAME 112 N. Loth St. STREET ADDRESS STREET ADDRESS 112 N. 6TH STREET FRUNNDINA BCH. FL CITY-ST-ZIP CITY - ST- ZIP FERNANDINA BEACH FL ⁻[☐ 'Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: White To the Contract of the second of the seco

NAME

STREET ADDRESS CITY-ST-ZIP

Anne B. Kavanaugh

2/11/00

261-3158

Daytime Phone #