

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H51153

1. Entity Name

QUALITY SOUND, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90120 006 ***150.00

Principal Place of Business

Mailing Address

2761 CAPITAL CIR NE
TALLAHASSEE FL 32308
US

P.O. BOX 13841
TALLAHASSEE FL 32317-3841
US

2. Principal Place of Business

3. Mailing Address

2765 Capital Circle NE
Suite, Apt. #, etc.

2765 Capital Circle NE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tallahassee, FL

Tallahassee FL

Zip Country
32308 WA

Zip Country
32308

4. FEI Number

59-2515030

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

MAJORS, ANGEL
2761 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Name

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

2765 Capital Circle NE

City

Tallahassee

FL

Zip Code

32308

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

Angel Majors

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/00

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MAJORS, JOEL E.
4125 TRALES RD
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MAJORS, KAY
4125 TRALES RD
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MAJORS, JOEL LEE
9116 BITHLO LANE
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MAJORS, TIMOTHY P.
1030 COPPER CREEK DR
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Angel Majors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00
Date

850-1668-0543
Daytime Phone #

CR2E034 (9/99)