2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81539

i. Entity Name

TURTLE BEACH CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
U.S. HWY.#1.STE.303 BCH. FL 33408	631 U.S. HWY.#1.STE.303 N.PALM BCH. FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number 59-2600222 — 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
SMALLEGANGE, BASTIAAN 631 U.S. HWY.#1,STE.303 N.PALM BCH. FL 33408	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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMALLEGANGE, BASTIAAN		NAME		
STREET ADDRESS	631 U.S. HWY.#1,STE.303		STREET ADDRESS		
CITY-ST-ZIP	N.PALM BCH. FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHN D. ALEXANDER		NAME		
STREET ADDRESS	631 US HIGHWAY 1 STE 303		STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL		CITY-ST-ZIP		
TITLE	SEC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMALLEGANCE, MARJO G.		NAME		
STREET ADDRESS	631 US HWY #1, STE 303		STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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 #