## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # J52497** 1. Entity Name ACOUSTICAL ASSOCIATES, INC. 04-26-2000 90065 035 \*\*\*150.00 Principal Place of Business Mailing Address 618-INDUSTRIAL STREET 613-Inclus trail 4800 N FEDERAL HWY STE 307-B SUITE 34 BOCA RATON FL 33431-5145 LAKE WORTH FL 33461 3. Mailing Address 2. Principal Place of Business 613 Industrial Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2794712 Not Applicable \$8.75 Additional Zip Country 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 CAP SERVICE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HIGHWAY STE 307-B **BOCA RATON FL 33431** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition CR2E034 (9/99 Change Delete TITLE SEBASTIANO, CHRISTOPHER NAME 610-INDUSTRIAL STREET, SUITE SA GISTAULUS TRA STREET ADDRESS 613 Industrial Street STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33461 Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE -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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this tring 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 plustee exproveded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or h all other like empowered. changed, or on an attachment with

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 561 586 387 (
Date Daytime Phone #