## 2002 UNIFORM BUSINESS REPORT (UBR)

J52497 **DOCUMENT #** 

1. Entity Name

ACOUSTICAL ASSOCIATES, INC.

Principal Place of Business Mailing Address FILED
May 14, 2002 8:00 am \{
Secretary of State

05-14-2002 90071 026 \*\*\*150.00

613 INDUSTRIAL STREET -SUITE-3-4 LAKE WORTH FL 33461			4800 N FEDERAL HWY STE 307-B BOCA RATON FL 33431 US										
2. Principal Place of Business			3. Mailing Address				ı					Bi    B 8     B 9	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			4.	59-2794712					-	Applied For Not Applicable
Zip	Country		Zip Counti		ntry	5.	5. Certificate of Status					\$8.75 Additional	
	6. Name	and Address of Current R	egistered Agent			7.	Name	and Addr	ess of N	ew Regi	stered A	gent	
	VICE CORPO FEDERAL HIG B			Name Street Address (			(P.O. Box Number is Not Acceptable)						
BOCA RA	TON FL 334	31	City								FL	Zip Co	de
8. The above		submits this statement for t	he purpose of changing its re		! ed office or n				ne State	of Florida			
Tax filing ( (See crite)	oration is eligib requirement ar ria on back)	elle to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			0.00 of State	10.	Election ( Trust Fun	d Contril	oution.		Adde	00 May Be
11.	DPS	OFFICERS AND DI		12.	<del></del>	. · A	DDITIC	NS/CHAN	GES TO	OFFICE	RS AND	DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEBASTIAN 1134 BELM	O, CHRISTOPHER ORE TERRACE 1 BEACH FL 33414	□ Delete									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST_ZIP		ا در اید نوب دارس بی درسته به ۱۸ مست	☐ Delete		I		_					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				· ·					☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	ĺ	T ADDRESS ST-ZIP			·			•	Change	Addition
13. I hereby condicated of the corporated.	ertify that the in on this report of poration or the or on an attack	nformation supplied with this or supplemental report is true receiver or trustee empoyed ament with an address. With	stiling does not qualify for the and accurate and that my red to execute this report as	e exen signatu require	nption stated ure shall have ed by Chapte	I in Section e the same er 607, Flori	119.07 legal e ida Sta	(3)(i), Florio ffect as if n tutes; and t	da Statut nade und hat my r	es. I furti der oath; name apj	ner certif that I an bears in	y that the in an officer Block 11 c	nformation r or director or Block 12 if