2001 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supply of the corporation or the recei changed, or on an attachmer

SIGNATURE:

FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT # K53978** 1. Entity Name , SIGHT & SOUND SERVICE CENTER, INC. 05-02-2001 90141 044 ***150.00 Principal Place of Business Mailing Address % JOHN W. MILNER % JOHN W. MILNER 109 INDUSTRIAL BLVD. 109 INDUSTRIAL BLVD. **UAUAAATT** PENSACOLA FL 32505 PENSACOLA FL 32505 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2928435 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent avid Milner MILNER, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 109 INDUSTRIAL BLVD. PENSACOLA FL 32505 udustrial 2**U**2 GE mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entire SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete MILNER, JOHN W. NAME STREET ADDRESS STREET ADDRESS 11486 CLEAR CREEK DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Addition Change TITLE Delete TITLE NAME MOORE, JAMES H., JR. NAME STREET ADDRESS STREET ADDRESS **404 KILKENNY WAY** CITY-ST-7IP CITY-ST-ZIP CANTONMENT FL Change Change ☐ Addition ☐ Delete TITLE: TITLE 109 Industrial Blvd. Pensacola, FC 32505 NAME MILNER, DAVID K. NAME STREET ADDRESS STREET ADDRESS **400 LIMERICK LANE** CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP [] Change ☐ Addition TITLE Delete TITLE MILNER, DOROTHY B. NAME NAME STREET ADDRESS STREET ADDRESS 11486 CLEAR CREEK DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

mental 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 or thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if