FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2000 8:00 am Secretary of State DOCUMENT # **K73688** 1. Entity Name SOUND CONSTRUCTION GROUP, INC. 03-01-2000 90096 045 ***150.00 Mailing Address Principal Place of Business 2325 ULMERTON ROAD 2325 ULMERTON ROAD SUITE 21 SUITE 21 CLEARWATER FL 33762-3373 CLEARWATER FL 33762 US 3. Mailing Address 2. Principal Place of Business 325 Ulmerton RD 325 Ulmartun DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2943280 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSHALL L. NEWSOME pber is Not Acceptable) mzeton 2325 ULMERTON ROAD SUITE 21 **CLEARWATER FL 33762** 5 ARN A 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 ADDRESS change 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Delete TITLE TITLE NEWSOME, MARSHALL L NEWSOME, MARSHALL L. NAME 2325 Ulmerton RD. Suite 7 NAME STREET ADDRESS 2575 ULMERTON ROAD STREET ADORESS LEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL NEWSOME, MARSHALL L. Change 2325 Ulmerton Rd Suite 7 TITLE __ Delete TITLE MARSHAL L. NEWSOME NAME NAME STREET ADDRESS 2325 ULMERTON ROAD, SUITE 21 STREET ADDRESS LIEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Delete TITLE VALIN almerton RD. Stite 7 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 effective executions. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR