2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am DOCUMENT # **K73688** Secretary of State SOUND CONSTRUCTION GROUP, INC. 02-19-2001 90068 005 ***150.00 Principal Place of Business Mailing Address 2325 ULMERTON ROAD 2325 ULMERTON ROAD SUITE 7 SUITE 7 CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2943280 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSHALL L. NEWSOME Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON ROAD SUITE 7 **CLEARWATER FL 33762** 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NEWSOME, MARSHALL L. NAME STREET ADDRESS STREET ADDRESS 2325 ULMERTON RD. SUITE 7 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Addition ☐ Change Delete TITLE TITLE MARSHAL L. NEWSOME NAME NAME STREET ADDRESS STREET ADDRESS 2325 ULMERTON RD. SUITE 7 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762 Change ☐ Addition TITLE ☐ Delete TITLE NAME VALIN, ALBERT J NAME STREET ADDRESS 2325 ULMERTON RD. SUITE 7 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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: _