

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K75381**

1. Entity Name
SONSHINE SOUND, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90012 017 ***150.00

Principal Place of Business

**9100 HAMMON STREET
PENSACOLA FL 32514**

Mailing Address

**9100 HAMMON STREET
PENSACOLA FL 32514**

2. Principal Place of Business

1631 W 9 1/2 Mile Rd

Suite, Apt. #, etc.

3. Mailing Address

1631 W 9 1/2 Mile Rd

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533

Country

USA

City & State

Cantonment, FL

Zip

32533

Country

USA

4. FEI Number

59-2947893

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILLETTE, DAVID C
8808 UNIVERSITY PKWY
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

Charles L Hoffman Jr

Street Address (P.O. Box Number is Not Acceptable)

226 Palafax Place

Ninth Floor - Seville Tower

City

PENSACOLA

FL

Zip Code

32501

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

Charles L Hoffman Jr

Charles L. Hoffman Jr.

4-13-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GILLETTE, DAVID C	
STREET ADDRESS	8808 UNIVERSITY PKWY	
CITY-ST-ZIP	PENSACOLA F	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLETTE, MARGARET K	
STREET ADDRESS	8808 UNIVERISTY PKWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gillette, David C	
STREET ADDRESS	1631 W 9 1/2 Mile Rd	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gillette, Margaret K	
STREET ADDRESS	1631 W 9 1/2 Mile Rd	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE:

David C Gillette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)