

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91595 007 ***150.00

DOCUMENT # L49336

1. Entity Name
SOUND GARDEN, INC.

Principal Place of Business
~~C/O MICHAEL MCDANIEL~~
912 ST. JOHNS AVENUE
PALATKA FL 32177

Mailing Address
~~C/O MICHAEL MCDANIEL~~
912 ST. JOHNS AVENUE
PALATKA FL 32177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2996581

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCDANIEL, MICHAEL~~
~~912 ST. JOHNS AVENUE~~
~~PALATKA FL 32177~~

Name
Jeffrey H. McDaniel

Street Address (P.O. Box Number is Not Acceptable)
912 St. Johns Ave.

City Palatka FL Zip Code 32177

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 Jeffrey H. McDaniel, President

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

(NOTE: Registered Agent signature required when constituting)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME MCDANIEL, MICHAEL B
STREET ADDRESS 912 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA FL 32177

☐ Change ☐ Addition

TITLE TD ☐ Delete
NAME MCDANIEL, JEFFREY H.
STREET ADDRESS 912 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA FL 32177

TITLE PD ☒ Change ☐ Addition
NAME McDaniel, Jeffrey H.
STREET ADDRESS 912 St. Johns Ave.
CITY-ST-ZIP Palatka, FL 32177

TITLE C ☒ Delete
NAME MCDANIEL, A. B.
STREET ADDRESS 233 LAKEVIEW WAY
CITY-ST-ZIP INTERLACHEN FL 32148

☒ Change ☐ Addition

TITLE D ☐ Delete
NAME MCDANIEL, MARGARET
STREET ADDRESS 233 LAKEVIEW WAY
CITY-ST-ZIP INTERLACHEN FL 32148

☐ Change ☐ Addition

TITLE S ☐ Delete
NAME MCDANIEL, JOSEPHINE M.
STREET ADDRESS 912 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA FL

TITLE STD ☒ Change ☐ Addition
NAME McDaniel, Josephine M.
STREET ADDRESS 912 St. Johns Ave.
CITY-ST-ZIP Palatka, FL 32177

TITLE D ☒ Delete
NAME MCDANIEL, MELISSA A
STREET ADDRESS 145 E CORBINA WAY
CITY-ST-ZIP FLORAHOME FL 32140

☐ Change ☐ Addition

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: Jeffrey H. McDaniel, Pres. *Jeffrey H. McDaniel* 4-16-02 (386) 325-9962
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)