

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 011 ***150.00

DOCUMENT # L78937

1. Entity Name
SOUND GROVES, INC.

Principal Place of Business P.O. BOX 29 FELDA FL 33930	Mailing Address P.O. BOX 1497 LABELLE FL 33975-1497 US
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2. Principal Place of Business P.O. Box 1497	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LaBelle, FL 33975	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0211426	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**SOUND, GILBERT
109 NORTH FIFTH STREET
IMMOKALEE FL 33934**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOUND, GILBERT			NAME			
STREET ADDRESS	STATE ROAD 830			STREET ADDRESS	250 SOUTH BRIDGE STREET, SUITE A		
CITY-ST-ZIP	FELDA FL			CITY-ST-ZIP	LaBelle, FL 33935		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOUND, JUELDA M.			NAME			
STREET ADDRESS	STATE ROAD 830			STREET ADDRESS	250 SOUTH BRIDGE STREET, SUITE A		
CITY-ST-ZIP	FELDA FL			CITY-ST-ZIP	LaBelle, FL 33935		
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOUND, CHRIS			NAME			
STREET ADDRESS	STATE ROAD 830			STREET ADDRESS	250 SOUTH BRIDGE STREET, SUITE A		
CITY-ST-ZIP	FELDA FL			CITY-ST-ZIP	LaBelle, FL 33935		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOUND, CAREY			NAME			
STREET ADDRESS	STATE ROAD 830			STREET ADDRESS	250 SOUTH BRIDGE STREET, SUITE A		
CITY-ST-ZIP	FELDA FL			CITY-ST-ZIP	LaBelle, FL 33935		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* **REQUIRED** 2/05/2000 941 675 6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #