

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70256

1. Entity Name

CENTRAL FLORIDA ACOUSTICS, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90088 046 ***150.00

Principal Place of Business

Mailing Address

1845 TAMARAC COURT
WESLEY CHAPEL FL 33543

1845 TAMARAC COURT
WESLEY CHAPEL FL 33543-5402

2. Principal Place of Business

400 E. Lemon St.

3. Mailing Address

400 E. Lemon St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS

City & State

TARPON SPRINGS

4. FEI Number

59-2878971

Applied For

Not Applicable

Zip

34689

Country

FLORIDA

Zip

34689

Country

FLORIDA

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

CRAMER, HABER & McDONALD, P.A.
1311 N CHURCH AVENUE
TAMPA FL

Name

MICHAEL J. WAZOCHA

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

400 E. Lemon St.

City

TARPON SPRINGS

FL

Zip Code

34689

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

3-10-00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	WAZOCHA, MICHAEL J.	
STREET ADDRESS	1845 TAMARAC COURT	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WAZOCHA, JOANNE M.	
STREET ADDRESS	1845 TAMAC COURT	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAZOCHA, JOHN J	
STREET ADDRESS	3542 BLUE BELL LANE	
CITY-ST-ZIP	HOLIDAY 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAZOCHA, MICHAEL J	
STREET ADDRESS	400 E. Lemon St.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAZOCHA, JOANNE M.	
STREET ADDRESS	400 E. Lemon St.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input checked="" 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

727-938-2407

Daytime Phone #

CR2E034 (9/99)