

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000044622**

1. Entity Name
MULTIMEDIA SECURITY & SOUND, INC.

Principal Place of Business Mailing Address
5224 VERSAILLE COURT 5224 VERSAILLE COURT
CAPE CORAL FL 33904 CAPE CORAL FL 33904

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Scott Carey**
Street Address (P.O. Box Numbers Not Acceptable)
5224 Versaille Ct
City **Cape Coral** FL Zip **33904**

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]** DATE **10-22-01**
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) ☐

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 **PSTD** ☐ Delete
NAME **CAREY, SCOTT J**
STREET ADDRESS **5224 VERSAILLE COURT**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
700004683897--8
-11/15/01--01023--019
*****8.75 *****8.75

☐ Change ☐ Addition
700004683897--8
-11/15/01--01023--020
****750.00 ****750.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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AD

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]** DATE **10-8-01** X **941-945-6900**
Signature typed or printed name of signing officer or director

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 24 PM 6:29



REINSTATEMENT

0393681

CR2E034 (10/00)