

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90014 011 ***150.00

DOCUMENT # P00000049736

1. Entity Name

SYMPHONY ELECTRONICS CORP.

Principal Place of Business

6289 TOWER LANE
SARASOTA FL 34240

Mailing Address

6289 TOWER LANE
SARASOTA FL 34240

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

95-4241272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

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 NAME ☐ Delete
D VP
Neil E. Chawkins
STREET ADDRESS 1280 Dolphin Bay Way
CITY-ST-ZIP Sarasota, Florida 34240

TITLE NAME ☐ Delete
D P
Ronald C. Chawkins
STREET ADDRESS 5430 Eagles Point Circle, #205
CITY-ST-ZIP Sarasota, Florida 34231

TITLE NAME ☐ Delete
D S T
Carol J. Chawkins
STREET ADDRESS 5440 Eagles Point Circle
CITY-ST-ZIP Sarasota, Florida 34231

TITLE NAME ☐ Delete
D
Julius Chawkins
STREET ADDRESS 5440 Eagles Point Circle
CITY-ST-ZIP Sarasota, Florida 34231

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Neil E. Chawkins, Vice President

Date

Daytime Phone #

(941) 371-9595

CR2E034 (10/00)