

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90089 042 \*\*\*150.00

**DOCUMENT# P00000055870**

1. Entity Name  
**UNLEASHED AUDIO INC.**

Principal Place of Business  
**P O BO 4873**  
**ST PETERSBURG FL 33743**

Mailing Address  
**P O BO 4873**  
**ST PETERSBURG FL 33743**

2. Principal Place of Business  
**P.O. Box 48793**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 48793**  
 Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**  
 Zip  
**33743**  
 Country

City & State  
**St. Petersburg, FL**  
 Zip  
**33743**  
 Country

4. FEI Number  
 Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
**DELADURANTAYE, DAWN**  
**7235 7 AVE NORTH**  
**ST PETERSBURG FL 33710**

7. Name and Address of New Registered Agent  
 Name **Robert Deladurantaye**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7235 7th AVE. N.**  
 City **St. Petersburg** **FL** Zip Code **33710**

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 **Robert Deladurantaye - Owner** DATE **4-26-01**  
(Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Owner - Robert Deladurantaye</b> <input type="checkbox"/> Delete <b>7235 7th AVE. N.</b> <b>St. Petersburg, FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert Deladurantaye** DATE **4-26-01** (727) 560-4267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)