

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90073 039 ***150.00

DOCUMENT # P01000118653

1. Entity Name
SOUND INVESTMENTS OF SOUTH FLORIDA, INC.



Principal Place of Business
**3001 TAMiami TR N. STE 100
NAPLES FL 34103**

Mailing Address
**3001 TAMiami TR N. STE 100
NAPLES FL 34103**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1185 Immokalee Rd.

Suite, Apt. #, etc.
Suite 110

City & State
N2Ples, FL

Zip
34110

Country
Collier

3. Mailing Address
P.O. Box 111688

Suite, Apt. #, etc.

City & State
N2Ples, FL

Zip
34108

Country
Collier

4. FEI Number **68-0488922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COX, JOE B
3001 TAMiami TR N, STE 100
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Joe B. Cox**
Street Address (P.O. Box Number is Not Acceptable)
1185 Immokalee Rd.
Suite 110
City **N2Ples** **FL** Zip Code **34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Joe B. Cox, Director Joe B. Cox**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-25-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **DAVIS, GARY**
STREET ADDRESS **3001 TAMiami TR N, STE 100**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **S** ☐ Delete
NAME **COX, JOE B**
STREET ADDRESS **3001 TAMiami TRAIL N-STE 100**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **GARY DAVIS**
STREET ADDRESS **1185 Immokalee Rd**
CITY-ST-ZIP **N2Ples, FL 34110**

TITLE **D.** ☒ Change ☐ Addition
NAME **Joe B. Cox**
STREET ADDRESS **1185 Immokalee Rd**
CITY-ST-ZIP **N2Ples, FL 34110**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN B. COX, Director Joe B. Cox** **1-25-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)