

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90090 015 ***150.00

DOCUMENT # P02000062188

1. Entity Name
EXPERIENCE SOUNDESCAPE PRODUCTIONS, INC.



Principal Place of Business
**2733 BROOKVILLE DRIVE
VALRICO FL 33594**

Mailing Address
**2733 BROOKVILLE DRIVE
VALRICO FL 33594**

2. Principal Place of Business

1920 1/2 CHERRY LANE

Suite, Apt. #, etc.

3. Mailing Address

1920 1/2 CHERRY LANE

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA, FL

Zip
34236

Country
USA

City & State
SARASOTA, FL

Zip
34236

Country
USA

4. FEI Number
01-0702797

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, GARRETT
2733 BROOKVILLE DRIVE
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name
GARRETT SCHWARTZ

Street Address (P.O. Box Number is Not Acceptable)
1920 1/2 CHERRY LANE

City
SARASOTA

FL

Zip Code
34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-03

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
D
NAME
SCHWARTZ, GARRETT
STREET ADDRESS
2733 BROOKVILLE DRIVE
CITY-ST-ZIP
VALRICO FL 33594

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P, D
NAME
SCHWARTZ, GARRETT
STREET ADDRESS
1920 1/2 CHERRY LANE
CITY-ST-ZIP
SARASOTA, FL 34236

☒ Change ☐ Addition

TITLE
V, T
NAME
MARIA AEE MARTIN
STREET ADDRESS
1920 1/2 CHERRY LANE
CITY-ST-ZIP
SARASOTA, FL 34236

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-03

941-365-2009

CR2E034 (10/02)