

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

07-21-2003 90354 034 ***550.00

DOCUMENT # P02000116313

1. Entity Name

EAST SOUND, INC.



Principal Place of Business

**5020 S.W. 70TH AVENUE
DAVIE FL 33314**

Mailing Address

**5020 S.W. 70TH AVENUE
DAVIE FL 33314**

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

30-0127854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, ADELE I

C/O ATKINSON, DINER, STONE, ET AL

1946 TYLER STREET

HOLLYWOOD FL 33020

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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MICHAEL P. COURNOYER
4751 NE 13 TERRACE
OKLAND PARK, FL 33334

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MICHAEL P. COURNOYER
VP (SAME)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MICHAEL P. COURNOYER
SEC. (SAME)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
MICHAEL P. COURNOYER (Same)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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
MICHAEL P. COURNOYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Cournoyer

7.15.03

Date

954.321.9222

Daytime Phone #

CR2E034 (4/03)