

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053930

1. Entity Name

Sound & Solid Properties Corp

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 19 PM 1:24

Principal Place of Business

Mailing Address

17843 San Carlos Blvd
Fort Myers Beach, FL 33931

None
* See Change

2. Principal Place of Business

3. Mailing Address

PO Box 6926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Myers FL

Zip

Country

Zip

Country

33911

US

4. FEI Number

65-0601507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINIC, STEVEN
17953 SAN CARLOS BLVD
FT. MYERS BEACH FL 33931

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, 2000 FEE will be \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, VP
Steven Dominic
17953 San Carlos Blvd
Ft Myers Beach, FL 33931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-06/03/00--01003--027
*****600.00 *****150.00

☐ Change ☐ Addition

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TITLE
NAME
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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

941 433 4144