## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 16, 2000 8:00 am Secretary of State DOCUMENT # P96000015077 1. Entity Name ACOUSTIC INT'L. INC. 02-16-2000 90027 046 \*\*\*150.00 Principal Place of Business Mailing Address 1120 53RD AVENUE, EAST 1120 53RD AVENUE, EAST BRADENTON FL 34203 BRADENTON-FL-34203-4869 3809 42 AVE WEST 3809 HZ AUE WEST 3. Mailing Address 3809 42 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0645717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent VALLIERES, CLAUDE Street Address (P.O. Box Number is Not Acceptable) ---7 3809 42 AUF W BRADENTON FL 34298 34205 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 LAUDE VAULERES DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE VALLIERES, CLAUDE NAME 4003 39 AVE WEST 6003 39 PH AVE WEST STREET ADDRESS STREET ADDRESS 1120 53RD AVE EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** *34205* Change ☐ Addition TITLE TITLE MONAST, PIERRE NAME NAME -3809 42 AUF WEST STREET ADDRESS Company of the second STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITI F ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-00

Daytime Phone #