

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016162

1. Entity Name

SOUND BITES TECHNICAL STAFFING, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90031 007 ***150.00

Principal Place of Business

430 ANDERSON CRT
ORLANDO FL 32801
US

Mailing Address

430 ANDERSON CRT
ORLANDO FL 32801-3501
US

- Address change

2. Principal Place of Business

207 E. Hillcrest St
Suite, Apt. #, etc.

Sound Bites
Suite, Apt. #207 E. Hillcrest St.
Orlando, FL 32801



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

4. FEI Number

59-3380547

Applied For

Not Applicable

Zip
32801

Country
USA

Zip

Country

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

HUDSON, ROBERT G
6451 PREAKNESS DR.
ORLANDO FL 32818

Name ABEL FERNANDES
Street Address (P.O. Box Number is Not Acceptable)
107 ARNHVM DRIVE
Orlando FL Zip Code 32835

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

Carle E Fernandez

4/28/2000

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 \$550.00

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	P	<input type="checkbox"/> Delete
NAME	FERNANDES, CARIL	
STREET ADDRESS	107 ARNHVM DRIVE	
CITY-ST-ZIP	ORLANDO FL, 32835	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUDSON, VINETTE MORRIS	
STREET ADDRESS	6451 PREAKNESS DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carle E Fernandez

4/28/2000 (407) 991-9546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #