

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068192

1. Entity Name

CRYSTAL SOUND, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90499 003 \*\*\*150.00

0473983

Principal Place of Business  
7058 STAPOINT CT  
WINTER PARK FL 32792  
US

Mailing Address  
7058 STAPOINT CT  
WINTER PARK FL 32792  
US

2. Principal Place of Business  
217 ALTAMONTE COMMERCE BLVD  
Suite, Apt. #, etc.  
1206

3. Mailing Address  
217 ALTAMONTE COMMERCE BLVD  
Suite, Apt. #, etc.  
1206

City & State  
ALTAMONTE SPRINGS, FL

City & State  
ALTAMONTE SPRINGS, FL

Zip  
32714-2549

Country  
USA

Zip  
32714-2549

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3396246

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FORBES, J R  
1575 PINE CT  
WINTER PARK FL 32792

217 Altamonte Commerce Blvd #1206  
Altamonte Springs FL 32714

7. Name and Address of New Registered Agent  
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 Joe Forbes - President DATE 2/8/01  
Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PS	<input type="checkbox"/> Delete	TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, J R		NAME	FORBES, J.R.	
STREET ADDRESS	1575 PINE CT		STREET ADDRESS	1575 Pine Ct	
CITY-ST-ZIP	APOPKA FL 32702 32703		CITY-ST-ZIP	Apopka 32703	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Joe Forbes DATE 2/8/01 DAYTIME PHONE # 407-672-9070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)