

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007420

1. Entity Name

SOUND EXPERIENCE SOUTH, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90068 037 ***150.00

Principal Place of Business

110 S W MONTEREY RD
STUART FL 34994
US

Mailing Address

110 SW MONTEREY RD
STUART FL 34994
US

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 65-0724154

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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 PTD ☐ Delete
NAME LAMBROS, GEORGE
STREET ADDRESS 3933 SOUTHEAST TOPSALE COURT
CITY-ST-ZIP STUART FL 34997

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 3933 SE, TOPSAIL COURT
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME LAMBROS, NICHOLAS G
STREET ADDRESS 988 NE MARANITA TERRADO
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE VSD ☒ Change ☐ Addition
NAME LAMBROS, NICHOLAS, G.
STREET ADDRESS 2632 LONGBOAT WAY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D ☐ Delete
NAME LAMBROS, CHRISTOPHER G
STREET ADDRESS 3063 QUANSET CIR
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)