

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026776

1. Entity Name

SOUND ENVIRONMENTAL SYSTEMS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90090 027 ***150.00

Principal Place of Business
1941 A ISLAND WALK WAY
FERNANDINA BEACH FL 32034
US

Mailing Address
1941 A ISLAND WALK WAY
FERNANDINA BEACH FL 32034
US

2. Principal Place of Business
1941 ISLAND WALK WAY
Suite, Apt. #, etc.

3. Mailing Address
1941 ISLAND WALK WAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FERNANDINA BEACH FL

City & State
FERNANDINA BEACH FL

4. FEI Number
59-3428045

Applied For
Not Applicable

Zip
32034

Country
USA

Zip
32034

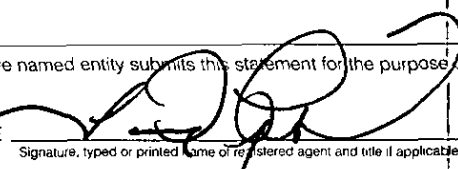
Country
USA

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

6. Name and Address of Current Registered Agent
CHAFFIN, TIMOTHY L.
857 ATLANTIC VIEW DRIVE
FERNANDINA BEACH FL 33034

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1941 ISLAND WALK WAY
City
FERNANDINA BEACH FL Zip Code
32034

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  TIMOTHY L. CHAFFIN 3-10-00
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 S D	<input type="checkbox"/> Delete	TITLE	P S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFFIN, TIMOTHY L.		NAME	CHAFFIN, TIMOTHY L.	
STREET ADDRESS	857 ATLANTIC VIEW DRIVE		STREET ADDRESS	1941 ISLAND WALK WAY	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	V D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFFIN, JEANNINE R.		NAME		
STREET ADDRESS	857 ATLANTIC VIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		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		

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 an other like empowered.

SIGNATURE:  TIMOTHY L. CHAFFIN, PRESIDENT
Signature and typed or printed name of signing officer or director

3-10-00

Date

Daytime Phone #

CR2E034 (9/99)