

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000026776**

1. Entity Name

SOUND ENVIRONMENTAL SYSTEMS, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90081 042 ***158.75

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

1403 Park Ave

Suite, Apt. #, etc.

Suite A

3. Mailing Address

1403 Park Ave

Suite, Apt. #, etc.

Suite A

DO NOT WRITE IN THIS SPACE

City & State

Fernandina Beach

City & State

Fernandina Beach

Zip

32034

Country

Nassau

Zip

32034

Country

Nassau4. FEI Number **59-3428045**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAFFIN, TIMOTHY L
1941 ISLAND WALK WAY
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name

Chaffin, Timothy L.

Street Address (P.O. Box Number is Not Acceptable)

1403 Park Ave**Suite A**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-01

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	CHAFFIN, TIMOTHY L	
STREET ADDRESS	857 ATLANTIC VIEW DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAFFIN, JEANNINE R	
STREET ADDRESS	857 ATLANTIC VIEW DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2752 Sea Grove Lane	
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2752 Sea Grove Lane	
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
NAME		
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
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

1-16-01 904 321-4044

Date

Daytime Phone #

CR2F034 (10/00)