

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90973 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000026776

1. Entity Name
SOUND ENVIRONMENTAL SYSTEMS, INC.



Principal Place of Business
1507 HAMMER CREEK
NAPERVILLE, IL 60563 US

Mailing Address
PO BOX 4527
NAPERVILLE, IL 60563 US

70035064

2. Principal Place of Business
1417 Sadler Road
Suite, Apt. #, etc.
#222

3. Mailing Address
1417 Sadler Road
Suite, Apt. #, etc.
#222

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

7. Name and Address of New Registered Agent

HAY ESQ, JOHATHAN L
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

Name Jonathan L. Hay, Esquire

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

1548 Lancaster Terrace

City Jacksonville

FL

Zip Code 32204

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jonathan L. Hay

(NOTE: Registered Agent's signature required when reinstating)

03-26-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
CHAFFIN, TIMOTHY L
1607 HAMMEK CREEK CT
NAPERVILLE, IL 60563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1417 Sadler Road, #222
Fernandina Beach, FL 32034 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. 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 10 or Block 11 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

03-31-03

Date

Daytime Phone #

CR2E034 (10/02)