

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90146 043 \*\*\*150.00

**DOCUMENT # P97000051556**

1. Entity Name

**ECO SOUND, INC.**

Principal Place of Business

**39 OSCAR HILL ROAD  
TARPON SPRINGS FL 34689  
US**

Mailing Address

**39 OSCAR HILL ROAD  
TARPON SPRINGS FL 34689-6925  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3453908**

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

**PAYNE, BOBBY J.  
4852 BONITO DRIVE  
NEW PORT RICHEY FL 34652**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>D</b>			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>WIDMAN, GEORGE V</b>	<b>4737 SIMCOE ST</b>	<b>PALM HARBOR FL 34684</b>							
	<b>ST</b>			<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>GRADEL, GAIL</b>	<b>173 AVERY AVE</b>	<b>CRYSTAL BEACH FL 34681</b>			<b>Treasurer</b>	<b>GRADEL, GAIL</b>	<b>173 AVERY AVE</b>	<b>CRYSTAL BCH FL 34681</b>	
	<b>D</b>			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>CLEVELAND, JAMES</b>	<b>13204 OAK ST</b>	<b>ODESSA FL 33556</b>			<b>Secretary</b>	<b>W. Edward Mohr</b>	<b>512 AVERY AVE</b>	<b>CRYSTAL BCH FL 34681</b>	
	<b>CMD</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>PAYNE, BOBBY J.</b>	<b>4852 BONITA DRIVE</b>	<b>NEW PORT RICHEY FL 34652</b>							
	<b>P</b>			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>VANGUNTEN, CHARLES</b>	<b>621 24TH STREET S.W.</b>	<b>VERO BEACH FL 32962</b>							
	<b>Secretary</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>W. Edward Mohr</b>	<b>512 AVERY AVE</b>	<b>CRYSTAL BCH FL 34681</b>							

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:

**Gail M. Gradel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Treasurer Gail M. Gradel**

Date

Daytime Phone #

**1/24/2000 727-939-2505**