

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90004 027 ***550.00

0111443 AV

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
 US**

2. Principal Place of Business

3607 ALT. 19

Suite, Apt. #, etc.

Suite B

City & State

PALM HARBOR, FL

Zip

34683

Country

USA

3. Mailing Address

3607 ALT. 19

Suite, Apt. #, etc.

Suite B

City & State

PALM HARBOR, FL

Zip

34683

Country

USA



DO NOT WRITE IN THIS SPACE

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

PAYNE, BOBBY J.

**4852 BONITA DRIVE
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name

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

2950 MOSS ROSE AVE.

City

PALM HARBOR

FL

Zip Code

34683

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

Bobby J. Payne

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

(NOTE: Registered Agent signature required when reinstating)

8-13-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **S** ☐ Delete
 NAME **MOHR, W. EDWARD**
 STREET ADDRESS **512 AVERY AVE**
 CITY-ST-ZIP **CRYSTAL BEACH FL 34681**

TITLE **T** ☒ Delete
 NAME **GRADEL, GAIL**
 STREET ADDRESS **173 AVERY AVE**
 CITY-ST-ZIP **CRYSTAL BEACH FL 34681**

TITLE **CMD** ☐ Delete
 NAME **PAYNE, BOBBY J.**
 STREET ADDRESS **4852 BONITA DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **T** ☒ Change ☐ Addition
 NAME **Fultz, Gerald W.**
 STREET ADDRESS **7624 Isabella St.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Robert G. Fultz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treasurer

8-13-01

Date

727-939-2505

Daytime Phone #

CR2E034 (5/01)