

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90675 047 ***150.00

DOCUMENT # P97000054789

1. Entity Name
SOUND INSIGHTS, INC.

Principal Place of Business
**1601 SE MISTLETOE ST.
 PORT ST. LUCIE FL 34983**

Mailing Address
**1601 SE MISTLETOE ST.
 PORT ST. LUCIE FL 34983**

2. Principal Place of Business
3295 NW Federal Highway
 Suite, Apt. #, etc:

3. Mailing Address
3295 NW Federal Highway
 Suite, Apt. #, etc:

City & State
Jensen Beach, FL

City & State
Jensen Beach, FL

4. FEI Number **65-0767491**

Applied For
 Not Applicable

Zip Country
34957

Zip Country
34957

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

6. Name and Address of Current Registered Agent

SUMNERS, STEVEN K
1601 SE MISTLETOE ST.
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name **Shannon D. Sumners**
 Street Address (P.O. Box Number is Not Acceptable)
1601 SE Mistletoe Street
 City **Port St. Lucie** **FL** Zip Code **34983**

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 *Shannon D. Sumners* **Shannon Sumners** **4/29/02**
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, 2002 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 **SD** ☐ Delete
 NAME **SUMNERS, SHANNON D**
 STREET ADDRESS **1601 SE MISTLETOE ST.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **PD** ☐ Delete
 NAME **SUMNERS, STEVEN K**
 STREET ADDRESS **1601 SE MISTLETOE ST.**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: *Shannon D. Sumners*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **772-692-9550**
 Date Daytime Phone #

CR2E034 (9/01)