[redacted]
APR. 30. 2002 12:44PM

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90447 013 ***150.00

DOCUMENT # P98000005231

1. Entity Name
A SOUND CHOICE OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
2625 N. US HIGHWAY 1 MELBOURNE FL 32935	1795 E. HWY 50 STE A CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1164 W New Haven Ave	1164 W New Haven Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32904 Country	Zip: 32904 Country

4. FEI Number 59-3488668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GARRICK, DAVID JR
1795 E. HWY 50
STE A
CLERMONT FL 34711

7. Name and Address of New Registered Agent
Name: DAVID GARRICK JR
Street Address (P.O. Box Number is Not Acceptable): 300 VIRGINIA ST
City: CLERMONT FL Zip Code: 34711

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] 4/30/02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HIMMELBAUM, LAWRENCE E ~~4540 RIVERMIST DR~~ 3906 St Armens Circle ~~MELBOURNE FL 32935-7163~~ Melbourne, FL. 32934 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #