

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031744

1. Entity Name

SOUND & VISION SERVICES, INC.

Principal Place of Business

Mailing Address

757 HIGHWAY 98 EAST #14-278
DESTIN FL 32541

757 HIGHWAY 98 EAST #14-278
DESTIN FL 32541-2561

2. Principal Place of Business

43 Pine Ridge Trace

3. Mailing Address

981-3 Hwy 98 East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

278

City & State

Destin FL

City & State

Destin FL

Zip

Country

Zip

Country

32541

Okaloosa

32541

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, RONALD J
43 PINE RIDGE TRACE
DESTIN FL 32541

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

Ronald J. Howard

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	P	<input type="checkbox"/> Delete
NAME	HOWARD, RONALD J	
STREET ADDRESS	43 PINE RIDGE TRACE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWARD, LEE F	
STREET ADDRESS	2423 VALLEY RD.	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRUESS, DEBRA A	
STREET ADDRESS	43 PINE RIDGE TRACE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald J. Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000 850-654-3001

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90159 014 ***150.00

10004



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3497641

Applied For

Not Applicable

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

CR2E034 (9/99)