

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90012 050 ***150.00

DOCUMENT # P98000037744

1. Entity Name

INNOVATIVE SOUND CONCEPTS, INC.

Principal Place of Business

**1930 MURRELL RD
STE E
ROCKLEDGE FL 32955**

Mailing Address

**565 HERON DR
MERRITT ISLAND FL 32952**

2. Principal Place of Business

140 Magnolia Avenue
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Merritt Island, Florida

City & State

Zip Country

32952 Broward

4. FEI Number

59-3509774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURROWS, TOM G
775 E MERRITT ISLAND CAUSEWAY, STE 320
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

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, 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 **D** ☐ Delete
NAME **PETERS, KIMBERLY**
STREET ADDRESS **565 HERON DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☐ Delete
NAME **PETERS, PAUL**
STREET ADDRESS **565 HERON DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☐ Delete
NAME **COOK, HENRY DAVID**
STREET ADDRESS **1565 HWY 75**
CITY-ST-ZIP **BLOUNTVILLE FL 37617**

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
NAME
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TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/02 321-633-8140

0122430 AV

CR2E034 (9/01)