Date

FILED

## ~2000 Uniform Business Report (UBR)

ROBERT WILLIAMS,

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

SIGNATURE:

Jun 01, 2000 8:00 am Secretary of State 000072715 DOCUMENT# 1. Entity Name 05-09-2000 90075 043 \*\*\*150.00 NANTUCKET SOUND, CORP. Principal Place of Business Mailing Address 100 E LINTON BLVD 100 E LINTON BLVD 304840 SUITE 135A SUITE 135A DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address 100 E LINTON BLVD 100 E LINTON BLVD Suite, Apt. #, etc. SUITE 135A Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE 135A X Applied For City & State 4. FEI Number 9097/6 City & State DELRAY BEACH, FL DELRAY BEACH. Not Applicable Country Country \$8.75 Additional 5. Certilicate of Status Desired 33483 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT WILLIAMS, -JR Street Address (P.O. Box Number is Not Acceptable) 100 E LINTON BLVD, SUITE 135A DELRAY BEACH, FL 33483 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or oth, in the State of Florida. 27 APRIL 2000 ROBERT WILLIAMS, JR SIGNATURE Signature, typed or printed name of registered agent and little if applicable FILE NOWIII-FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After, MAY:1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT ☐ Change Addition ☐ Oelete TITLE NAME ROBERT WILLIAMS, JR NAME STREET ADDRESS STREET ADDRESS 100 E LINTON BLVD, SUITE 135A CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33483 Change Addition ☐ Delete TIDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP ☐ Addition ☐ Change Deleta 1131 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-2IP Change Addition Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Staplies; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empoy 561**-**266-0595 27 APRIL 2000