2001 UNIFORM BUSINESS REPORT (UBR)

06-20-2001 90095 012 ***158.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 4: 13

DOCUMENT # P98000072715

1. Entity Name
NANTUCKET SOUND, CORP.

Principal Place of Business	Mailing Address
100 E. LINTON BLVD SUITE 135A DELRAY BEACH FL 33483 US	100 E. LINTON BLVD SUITE 135A DELRAY BEACH FL 33483 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2234 N. Federal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc. suite 409
City & State	City & State Boca Raton, FL
Zip / Country	Zip 33431 / Country US

4. FEI Number 65-6909716 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT JR.
100 E LINTON BLVD
SUITE 135A
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name Robert Williams, Jr.
Street Address (P.O. Box Number is Not Acceptable) 2234 N. Federal Highway
suite 409
City Boca Raton FL Zip Code 33431

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] 5 march 2001
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, 2001 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	PCEO WILLIAMS, ROBERT JR 100 E LINTON BLVD STE 135A DELRAY BEACH FL 33483 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO ROBERT WILLIAMS, JR. 2234 N. Federal Highway, suite 409 Boca Raton, FL 33431 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 (10/00)

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] 5 march 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 561-266-0595

ROBERT WILLIAMS, JR.