

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098584

1. Entity Name
CUSTOM SOUNDS, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90030 035 ***150.00

Principal Place of Business
7108 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Mailing Address
7108 CENTRAL AVENUE
ST. PETERSBURG FL 33707

2. Principal Place of Business
7038 Central Avenue
Suite, Apt. #, etc.

3. Mailing Address
7038 Central Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL
Zip
33707
Country
Pinellas

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4. FEI Number 59-3546703
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, JOHN
7108 CENTRAL AVENUE
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name JOHN ANDERSON
Street Address (P.O. Box Number is Not Acceptable)
7038 Central Avenue
City St. Petersburg FL Zip Code 33707

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] DATE 4-4-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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

TITLE D
NAME ANDERSON, JOHN
STREET ADDRESS 7108 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ANDERSON, JOHN
STREET ADDRESS 7038 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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] Date April 4, 2001 Daytime Phone # 727-381-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)