

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90135 017 ***150.00

DOCUMENT # P99000002097

1. Entity Name

ATLANTIC SOUND, INC.

Principal Place of Business

Mailing Address

**950 NORTH ORLANDO AVE
 ORLANDO FL 32789**

**950 NORTH ORLANDO AVE
 ORLANDO FL 32789-2933**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**7743 WATER OAK CT
 Suite, Apt. #, etc.**

**P.O. Box 470238
 Suite, Apt. #, etc.**

City & State

KISSIMMEE FLORIDA

City & State

CELEBRATION FLORIDA

FEI Number

59-3602141

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAUSTER, DAVID
 950 NORTH ORLANDO AVE
 ORLANDO FL 32789**

7. Name and Address of New Registered Agent

Name **SUZANN GOSS**

Street Address (P.O. Box Number is Not Acceptable)

96 WATSKY + CPA'S

777 E HIGHWAY 436

City

ALTAMONTE SPRINGS

FL

Zip Code

32701

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

Suzann Goss

SUZANN GOSS

1-14-00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/2000

Date

(407) 390-0559

Daytime Phone #

CR2E034 (9/99)