2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90135 016 ***150.00

DOCUMENT # P99000010234

1. Entity Name

ATLANTIC PROFESSIONAL AUDIO, INC.

Principal Place of Business	Mailing Address
... PERIMETER CENTER TERR. NE. SUITE 720 ... GA 30346-1234	400 PERIMETER CENTER TERR. NE. SUITE 720 ATLANTA GA 30346-1234

DUU2UU83

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1022 BUNNELL ROAD	P.O. BOX 470238
Suite, Apt. #, etc.: SUITE 1003	Suite, Apt. #, etc.:
City & State: ALTAMONTE SPRINGS, FL	City & State: CELEBRATION, FL
Zip: 32714 Country: USA	Zip: 34747 Country: USA

4. FEI Number: 58-2441557 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAZAWAY, KELLY
777 E HWY 436
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name: SUZANN GOSS
Street Address (P.O. Box Number is Not Acceptable): C/O WATSKY Y CO, CPA'S
777 E. HWY 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 [signature] SUZANN GOSS 1-14-00
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, 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	☐ Delete	TITLE: PRESIDENT NAME: CRAIG M. BEYROOTI STREET ADDRESS: 7743 WATER OAK COURT CITY-ST-ZIP: KISSIMMEE, FLORIDA, 34747	☐ 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 (9/99)

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] 02/07/2000 (407) 865-5784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #