

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 046 ***150.00

DOCUMENT # **P99000015042**

1. Entity Name

Lambda Acoustics Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2280 Avocado Ave

Suite, Apt. #, etc.

#9

City & State

Melbourne FL

Zip

32935

Country

USA

3. Mailing Address

2280 Avocado Ave

Suite, Apt. #, etc.

#9

City & State

Melbourne FL

Zip

32935

Country

USA

4. FEI Number

59-3560450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lou, Arthur R

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

801 N Magnolia Ave

Suite 201

City

Orlando

FL

Zip Code

32803

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	D MCKINNEY, NICHOLAS 14926 Faversham Circle Orlando FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINNEY, BILLY RAY 14926 Faversham Circle Orlando FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINNEY, YVONNE MADRIKE 14926 FAVERSHAM CIRCLE ORLANDO FL 32826
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nicholas McKinney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

321 751 9350

Daytime Phone #

CR2E034B (12/01)