

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-21-2000 90075 036 ***150.00

DOCUMENT # P99000020864
 1. Entity Name
ROYAL SOUND COMPANY

Principal Place of Business Mailing Address
 5417 SIESTA COVE DRIVE 5417 SIESTA COVE DRIVE
 SIESTA FL 34242 SIESTA FL 34242-1742 *Sarasota FL 34242*
Sarasota FL 34242

2. Principal Place of Business 3. Mailing Address
Sarasota *5417 Siesta Cove Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sarasota FL *Sarasota FL*
 Zip Country Zip Country
34242 *Sarasota* *34242* *Sarasota*

4. FEI Number Applied For
65-044 3451 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HECKMANN, WERNER
 5417 SIESTA COVE DRIVE
 SIESTA FL 34242 *Sarasota FL 34242*

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
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. (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

TITLE	D	<input type="checkbox"/> Delete
NAME	HECKMANN, BOB	
STREET ADDRESS	5417 SIESTA COVE DRIVE	
CITY-ST-ZIP	SIESTA FL 34242 <i>Sarasota FL 34242</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECKMANN, WERNER	
STREET ADDRESS	5417 SIESTA COVE DRIVE	
CITY-ST-ZIP	SIESTA FL 34242 <i>Sarasota FL 34242</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECKMANN, HELITA	
STREET ADDRESS	5417 SIESTA COVE DRIVE	
CITY-ST-ZIP	SIESTA FL 34242 <i>Sarasota FL 34242</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JAN 04 2000** Daytime Phone #: **94, 349-2678**

CR2E034 (9/99)