2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P99000022112 1. Entity Name SOUND HOME WATCH, INC. 03-04-2000 90026 026 ***150.00 Mailing Address Principal Place of Business C/O RICHARD COTTER, ESQ. C/O RICHARD COTTER, ESO. 6100 ESTERO BLVD. 6100 ESTERO BLVD. FT. MYERS BEACH FL 33931-4347 FT. MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COTTER, RICHARD ESQ. Street Address (P.O. Box Number is Not Acceptable) 6100 ESTERO BLVD. FT. MYERS BEACH FL 33931 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Change Addition ☐ Delete TITLE THOMAS, CAROL A NAME NAME STREET ADDRESS 6100 ESTERO BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. MYERS BEACH FL 33931 Change Addition ☐ Delete TITLE THOMAS, RICHARD M NAME NAME STREET ADDRESS STREET ADDRESS 6100 ESTERO BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL 33931 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: Charl M. Thomas Richard m. 1 Homas

2-25-00

941-948-3470

Daytime Phone #