2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91602 046 ***150.00

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DOCUMENT # P99000043724

1. Entity Name
Sound Installations & Design, Inc

Principal Place of Business
5151-2 Sunbeam Rd
Jacksonville, FL
32257

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5151-2 Sunbeam Rd
Suite, Apt. #, etc.

3. Mailing Address
5151-2 Sunbeam Rd
Suite, Apt. #, etc.

City & State: Jacksonville FL
Zip: 32257
Country: USA

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Zip: 32257
Country: USA

4. FEI Number: 59-3569946
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NUNN, DANIEL B JR
ONE INDEPENDENT DR, SUITE 3000
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

RAX CO
c/o Nunn, DANIEL B JR
Street Address (P.O. Box Number is Not Acceptable)
50 NORTH LAURA STREET
Suite 3300
City: Jacksonville FL Zip Code: 32202

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 _____ Daniel B. Nunn, Jr., VP of RAX CO. 4/23/01
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, 2001 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	President ERNEST RUFFEL PO BOX 372 KINGSLAND GA 31548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JOHN Hummell 3825 CHESTNUT AVE Jacksonville FL 32277	☐ 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 (11/00)

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: _____ Ernest Ruffel, Pres. 904-607-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #