

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096506

1. Entity Name

SOUND ENFORCEMENT, INC.

Principal Place of Business

7194 SEMINOLE BLVD.
SEMINOLE FL 33772

Mailing Address

7194 SEMINOLE BLVD.
SEMINOLE FL 33772

2. Principal Place of Business

633 Fayette Dr N

3. Mailing Address

633 Fayette Dr N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

Zip

Country

34695

USA

Zip

Country

34695

USA

REINSTATEMENT

4. FEI Number

59-3607328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEELING, RONALD C
7194 SEMINOLE BLVD.
SEMINOLE FL 33772

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

[Signature]

Signature, typed or printed name of registered agent and date if applicable

(NOTE: registered agent signature required when reinstating)

5/3/01

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME PRESIDENT
NAME PAMELA H. NIOSON
STREET ADDRESS 633 Fayette Dr N
CITY-ST-ZIP SAFETY HARBOR, FL 34695 ☐ Delete

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ 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.

See Attached

5/16

2000 UNIFORM BUSINESS REPORT (UBR)

PENDING
03-21-2001 90075 041 ***750.00
P99000096506

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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FILE NOW!! FEE IS \$550.00
After SEPTEMBER 12, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAMELA H. NIOSAN 633 Fayette Dr N Safety Harbor, FL 34695	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)