

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51907

1. Entity Name

TARA CAY SOUND, INC.

Principal Place of Business

8351 BLIND PASS RD
ST PETERSBURG BEACH FL 33706

Mailing Address

8351 BLIND PASS RD
ST PETERSBURG BEACH FL 33706-1515

2. Principal Place of Business

16326 Gulf Blvd.

3. Mailing Address

16326 Gulf Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Redington Beach, Fl.

City & State

Redington Beach, Fl.

4. FEI Number

59-3133977

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33708

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLASS, ROBERT A.
8351 BLIND PASS RD
ST PETERSBURG BEACH FL 33706

Name

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

16326 Gulf Blvd.

City

Redington Beach,

FL

Zip Code

33708

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JACK 30432 VIA ANDALUSIA SAN JUAN CAPOSTRANO CA 92675	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADSWORTH, LON C. 8351 BLIND PASS RD ST PETERSBURG BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, ROBERT A. 8351 BLIND PASS RD ST PETERSBURG BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16326 Gulf Blvd. Redington Beach, Fl. 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16326 Gulf Blvd. Redington Beach, Fl. 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16326 Gulf Blvd. Redington Beach, Fl. 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

727-392-8311

Daytime Phone #

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90086 011 ***150.00

633440



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)