

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0094310 AV

**DOCUMENT # 287468**



1. Entity Name  
**AUDIO SYSTEMS OF FLORIDA, INC.**

04-28-2003 91833 017 \*\*\*150.00

Principal Place of Business  
**1985 CORPORATE SQUARE  
LONGWOOD FL 32750  
US**

Mailing Address  
**1985 CORPORATE SQUARE  
LONGWOOD FL 32750  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-1082792**  
Applied For  
 Not Applicable

Zip Country

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

**SICK, WILSON W., JR.**  
**1985 CORPORATE SQUARE**  
**LONGWOOD FL 32750**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SICK, WILSON W., JR.	
STREET ADDRESS	1985 CORPORATE SQUARE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	RUDD, MICKEY C	
STREET ADDRESS	5306 FERNHILL CT.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SICK, III W	
STREET ADDRESS	1985 CORPORATE SQUARE	
CITY-ST-ZIP	LONGWOOD FL 32750	
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		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia HInst	
STREET ADDRESS	978 Palm Springs Drive	
CITY-ST-ZIP	Altamonte Springs, Fl. 32701	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Krall	
STREET ADDRESS	159 Circle Hill Road	
CITY-ST-ZIP	Sanford, Florida 32750	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilson W. Sick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2003 407-332-1985  
Date Daytime Phone #

CR2E034 (10/02)