

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S50569**

1. Entity Name

ANCHOR AUDIO ACCESSORIES, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90031 002 ***150.00

901498

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 1629
HOBE SOUND FL 33475P.O. BOX 1629
HOBE SOUND FL 33475
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0255658

Applied For

Not Applicable

Zip

Country

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

HOVSEPIAN, GREGORY L
5717 SE FOREST GLADE TRAIL
P.O. BOX 1629
HOBE SOUND FL 33475

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, 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 State10. 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 ☐ Delete
NAME PD
STREET ADDRESS HOVSEPIAN, GREGORY
CITY-ST-ZIP 5717 SE FOREST GLADE TR.
HOBE SOUND FL 33455TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME VS
STREET ADDRESS MAYS, TIM
CITY-ST-ZIP 612 VIRGINA DR.
PAMPLICO SC 29583TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS HOVSEPIAN, GREGORY
CITY-ST-ZIP 5717 SE FOREST GLADE TR.
HOBE SOUND FL 33455TITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory L. Hovsepian

Date

1-5-01

Daytime Phone #

(561) 575-7229

CR2E034 (10/00)