

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90064 046 \*\*\*150.00

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 AV

**DOCUMENT # P00000067671**

1. Entity Name  
**PRECISION AUDIO & VIDEO, INC.**

Principal Place of Business  
**45 CAPISTRANO DRIVE**  
**ORMOND BEACH FL 32176**

Mailing Address  
**45 CAPISTRANO DRIVE**  
**ORMOND BEACH FL 32176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3428 Longleaf Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3428 Longleaf Rd**  
 Suite, Apt. #, etc.

City & State  
**ORMOND BEACH FL**  
 Zip  
**32174** Country  
**Volusia**

City & State  
**ORMOND Bch FL**  
 Zip  
**32174** Country  
**Volusia**

4. FEI Number **59-3582036**

Applied For  
 Not Applicable

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

**LOGUIDICE, JOSEPH**  
**661 BEVILLE ROAD**  
**SOUTH DAYTONA FL 32119**  
**555 W Granada Blvd Ste B-5**  
**ORMOND Bch FL 32174**

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, 2002 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 **D**  
 NAME **STONER, CORINNY**  
 STREET ADDRESS **45 CAPISTRANO DRIVE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ 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

Date Daytime Phone #

**4/17/02 386672799**

CR2E034 (9/01)