

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 386573

1. Entity Name

PEERSON AUDIO, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90218 011 ***150.00

Principal Place of Business

511 S. OLIVE AVE.
WEST PALM BEACH FL 33401

Mailing Address

PEERSON AUDIO, INC.
511 S OLIVE AVE
WEST PALM BEACH FL 33401-5907
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1357836**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PEERSON, ALLEN H
153 BEACH SUMMIT COURT
JUPITER FL 33477

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, 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

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **PEERSON, HENRY**
CITY-ST-ZIP **218 CASCADE LANE**
PALM BEACH SHORES FL

TITLE ☐ Delete

NAME **PD**
STREET ADDRESS **PEERSON, ALLEN H.**
CITY-ST-ZIP **153 BEACH SUMMIT CT.**
JUPITER FL

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **PEERSON, ACRYSTINE E.**
CITY-ST-ZIP **218 CASCADE LANE**
PALM BEACH SHORES FL

TITLE ☐ Delete

NAME **V**
STREET ADDRESS **SMITH, D C**
CITY-ST-ZIP **511 SOUTH OLIVE AVE**
W PALM BEACH FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ 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

1/14/00
Date

561-832-1921
Daytime Phone #

CR2F034 (9/99)