

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90056 021 \*\*\*150.00

**DOCUMENT # 439459**

1. Entity Name

HOUSE OF HIGH FIDELITY, INC.

Principal Place of Business

~~5187 TAMAMI TRAIL N~~  
 NAPLES FL 34103  
 US

Mailing Address

~~5187 TAMAMI TRAIL N~~  
 NAPLES FL 34103  
 US

2. Principal Place of Business

4700 Tamiami Trail North

Suite, Apt. #, etc.

3. Mailing Address

4700 Tamiami Trail North

Suite, Apt. #, etc.

City & State

Naples, FL 34103

Zip

Country

City & State

Naples, FL 34103

Zip

Country

4. FEI Number

59-1492076

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

GARNER, BILL W.

~~5187 TAMAMI TRAIL N~~ 4700 Tamiami Trail North  
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

4700 Tamiami Trail North

City

Naples

FL

Zip Code  
34103

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

TITLE ☐ Delete  
 NAME VST  
 STREET ADDRESS FUTCH, PAMELA  
 CITY-ST-ZIP ~~5187 TAMAMI TRAIL N~~ 4700 Tamiami Trail N  
 NAPLES FL 34103

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS GARNER, BILL W  
 CITY-ST-ZIP ~~5187 TAMAMI TRAIL N~~ 4700 Tamiami Trail N  
 NAPLES FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Bill Garner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill Garner

4-26-02 941-261-0100

Date

Daytime Phone #

CR2E034 (9/01)