

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

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90020 050 ***150.00

DOCUMENT # 483174

1. Entity Name

Audio Labs, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 LAKE BRADFORD RD

3. Mailing Address

P.O. Box 6824

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLA, FL

City & State

TALLA, FL

4. FEI Number

59-2042482

Applied For

Not Applicable

Zip

32304

Country

LEON

Zip

32314

Country

LEON

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAYMOND M. CORKLE

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

2027 DOOMAR DR

City

TALLA

FL

Zip Code

32308

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAYMOND D. M. CORKLE
2027 DOOMAR DR
TALLA, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KAY M. CORKLE
2027 DOOMAR DR
TALLA, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kay M. Corkle KAY M. CORKLE

4/5/04

(850) 575-9655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)