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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0200004789

1. Entity Name

PRO SOUNDS CAR STEREO AND MUSIC, INCORPORATED



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90257 049 \*\*\*150.00

					٠.	GO WE TO					
Principal Place of Business 15048 US HIGHWAY 19 SOUTH STE. 235 THOMASVILLE GA 31792			15048	Mailing Address 15048 US HIGHWAY 19 SOUTH STE. 235 THOMASVILLE GA 31792				. I LEBYIGE WILL BOME MENI FEMI ESHI GEN	N 88111 88111 8	) <b>  115</b> 1   1 <b>151</b>   1	1844   III   1 <b>8</b> 14
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2. Principal P	lace of Busin	ess	3. Ma	3. Mailing Address				1   <b>       </b>		4811 10061 1	<b>                                    </b>
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	4. FEI Number 58-2477396 Applied For Not Applicable			
Zip	Country		Zip	Zip Cour		try	5.	5. Certificate of Status Desired S8.75 Fee Req		<b>75</b> Add	litional
	6. Name	nt Registere	Registered Agent			7. Name and Address of New Registered Agent					
						Name					
	, TUNISHA						Street Address (P.O. Box Number is Not Acceptable)				
6822 22ND AVE NORTH #140 ST PETERSBURG FL 33710											
SIPEIER	KOBUKG FL	33/10									
		<u> </u>								Zip Code	<u>.</u>
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											
		FEE IS \$150.00		<u> </u>	·			<del></del>	<del></del>	<del> </del>	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ng 🗆		May Be to Fees
								ADDITIONS (CHANCES TO OFFICE	C AND DIO	ECTOR	
10.	DOEO	OFFICERS AF	UD DIRECTO		11.			ADDITIONS/CHANGES TO OFFICER			
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NAME		MARJANN J			NAME	E			***	_	_
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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 Block 11 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

3-3-03

129-226-0013 Daytime Phone #