

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90148 010 \*\*\*150.00

**DOCUMENT # F41711**

1. Entity Name  
**CAR RADIOS, INC.**



Principal Place of Business  
**% TIMOTHY E NOONEY**  
**1731 CASSAT AVE.**  
**JACKSONVILLE FL 32210**  
**US**

Mailing Address  
**% TIMOTHY E NOONEY**  
**1731 CASSAT AVE.**  
**JACKSONVILLE FL 32210**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2122995**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**NOONEY, TIMOTHY E**  
**1731 CASSAT AVE**  
**JACKSONVILLE FL 32210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Timothy E. Nooney*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☐ Delete  
NAME **NOONEY, SUSAN R**  
STREET ADDRESS **6162 FAULKNER DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **NOONEY, TIMOTHY E**  
STREET ADDRESS **6162 FAULKNER DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

*Timothy E. Nooney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

80135673

F41711

July 31, 2003

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Document F41711

To whom It May Concern:

Pursuant to our telephone conversation, I am requesting that the penalties be abated against Car Radios, Inc. due to reasonable cause. I did not realize that the Division of Corporations form had not been filed until my accounting office notified me. I promptly filed my corporation papers with your office as soon as they were received. I have moved and I never received any forms or notifications from the Department of State. I ask that the penalties be abated. I have retained an accounting office to make sure all future filings are on time.

I request that these penalties be abated. Thank you for your assistance in this matter.

Sincerely yours,

Tim Nooney