## 2002 UNIFORM BUSINESS REPORT (UBR) F92491 **DOCUMENT #** 1. Entity Name HOME ELECTRONICS OF JACKSONVILLE, INC. Principal Place of Business Mailing Address **% ABDO JOSEPH JOSEPH** 5779 HOGARTH RAOD 6630 BEACH BLVD, STE 4 GREEN COVE SPRINGS FL 32043 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address

## FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90331 005 \*\*\*150.00



NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			i								
SPEZAUZBO    Solidar   September   Septemb	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS S	PACE		
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  9. Name and Address of New Registered Agent  9. The ABDO JOSEPH 6830 BEACH BLVD, STE 4  JACKSONVILE FL  City FL  City FL  City FL  City FL  City FL  City FL  ADDRESS  SIGNATURE  Special Registered agent, or both, in the State of Florida.  1. Signature and address of New Registered Agent  City FL	City & State City			City & State	ity & State		4. FEI Number 59-2230285			· ·	
JOSEPH, ABDO JOSEPH 6630 BEACH BLVD, STE 4  JACKSONVILLE FL  City FL  City FL  Zip Code  6. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Floride.  SIGNATURE  Speaker, hydror prediction are dirigitative agent and the 8 expitable.  NOTE flegatient Agent supraiser agreement requested agent, or both, in the State of Floride.  SIGNATURE  Speaker, hydror prediction are dirigitative agent and the 8 expitable.  NOTE flegatient Agent supraiser agreement requested agent, or both, in the State of Floride.  SIGNATURE  Speaker, hydror prediction are dirigitative agent and the 8 expitable.  NOTE flegatient Agent supraiser agreement requested agent, or both, in the State of Floride.  SIGNATURE  Speaker, hydror prediction agent and registrated agent agreement requested agent, or both, in the State of Floride.  SIGNATURE  SIGNATURE  Speaker, hydror prediction agent and registrated agent agreement requested agent, or both, in the State of Floride.  SIGNATURE  SIGNATURE  Speaker, hydror prediction agent and registrated agent agreement requested agent, or both, in the State of Floride.  SIGNATURE  SIGNATURE  SIGNATURE  SPA DO Agent Plant	Zip		Country	Zip	Country	5. (	Certificate of Status Desired		\$8.75 Ac	ditional	
Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  City		6. Name	and Address of Current Re	gistered Agent		7. 1	Name and Address of New Re	gistered A	gent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					Name			<del></del>			
BEST BLEACH BLVD, STE 4  JACKSONMILE FL  City  FL  Zip Code  City  FL  Zip Code  6. 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, lived or preced reare of registered agent are till of approach.  MOTE Registered Agent signature registered agent, or both, in the State of Florida.  Signature, lived or preced reare of registered agent are till of approach.  MOTE Registered Agent signature registered agent, or both, in the State of Florida.  Signature, lived or preced reare of registered agent are till of approach.  MOTE Registered Agent signature registered agent or both, in the State of Florida.  Signature, lived or preced reare of registered agent are till or approach.  MOTE Registered Agent signature registered agent, or both, in the State of Florida.  MARCHART REGISTER AGENTS TO AGE TO A	•					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or protect form or protect form or insplative agent are tise if applicable.  9/CIER Registered Agent registered agent, or both, in the State of Florida.  Signature, typed or protect form or insplative agent are tise if applicable.  9/CIER Registered Agent registered agent, or both, in the State of Florida.  Signature, typed or protect form or insplative agent are tise if applicable.  9/CIER Registered Agent registered agent, or both, in the State of Florida.  10. Floridation Campaign Financing Trust Fund Contribution.  After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PSD JOSEPH, ABDO, JOSEPH STREE ADDRESS  GREEN COVE SPRINGS FL 32043  GREEN COVE SPRINGS FL 32		-	STE 4			` <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.  2 SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax Hing requirement and elects to do so.   After May 1, 2002 Fee will be \$550.00   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PSD OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PSD OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  STREET ADDRESS  CITY-ST-ZP  CARR, TRACEY E  STREET ADDRESS  CITY-ST-ZP  ABDO, JOSEPH J  STREET ADDRESS  CITY-ST-ZP  TITLE  ABDO, JOSEPH J  STREET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZP  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZP  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP	JACKSON	WILLE FL									
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