## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2002 8:00 am Secretary of State F93000000828 DOCUMENT # 1. Entity Name 05-17-2002 90028 037 \*\*\*150.00 FORD AUDO-VIDEO SYSTEMS, INC. Principal Place of Business Mailing Address 4800 W. INTERSTATE 40 4900 W. INTERSTATE 40 OKLAHOMA CITY OK 73128 OKLAHOMA CITY OK 73128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 73-0947837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, CLAIRE Street Address (P.O. Box Number is Not Acceptable) 283 N. NORTH LAKE BLVD., SUITE 111 **ALTAMONTE SPRINGS FL 32701** City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVC** CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME FORD, JAMES A NAME 8309 LAKEHURST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKLAHOMA CITY OK 73120 CITY-ST-ZIP TITLE STC ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME FORD, CLAIRE M STREET ADDRESS STREET ADDRESS 8309 LAKEHURST DRIVE CITY-ST-ZIP CITY-ST-7IP OKLAHOMA CITY OK 73120 TITLE Delete ☐ Change Addition | TITLE NAME BURDICK, BRYAN C NAME STREET ADDRESS STREET ADDRESS 4511 E 103RD ST SOUTH CITY-ST-ZIP CITY-ST-ZIP **TULSA OK 74137** TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

**FILED**