

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002288

1. Entity Name

GREAT AMERICAN AUDIO CORP.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90004 034 ***150.00

Principal Place of Business

Mailing Address

JOAN MATTIKOW, % GREAT AMERICAN AUDIO
PORTMAN ROAD
ROCHELLE NY 10801

NINA JOAN MATTIKOW, % GREAT AMERICAN AUDIO
33 PORTMAN ROAD
NEW ROCHELLE NY 10801-2104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

4. FEI Number

06-0951083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATTIKOW, NINA J	
STREET ADDRESS	969 NORTH STREET	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PIKE, GARY L	
STREET ADDRESS	172 FIELD POINT ROAD	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	HALPERN, LEE	
STREET ADDRESS	52 BAYBERRIE DRIVE	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00

(914) 576-7660

CR2E034 (9/99)