## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# G64806

City-St-Zip:

WEST PALM BEACH, FL 33412

Entity Name: AUDIO ADVISORS, INC.

Apr 05, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2273-C PALM BEACH LAKES BOULEVARD WEST PALM BEACH, FL 33409 **Current Mailing Address: New Mailing Address:** 2273-C PALM BEACH LAKES BOULEVARD WEST PALM BEACH, FL 33409 FEI Number: 59-2326158 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOOVER, JEFF HOOVER, JEFF 2273A PALM BEACH LAKES BLVD. 2273C PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 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: 04/05/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HOOVER, JEFFREY, Name: Name: 509 MARGINAL RD Address: Address: City-St-Zip: WEST PALM BCH, FL 00000, City-St-Zip: Title: Title: () Delete () Change () Addition Name: HERSEY, HARRY Name: 1501 NORTHPOINT PARKWAY, #100 Address: Address: WEST PALM BEACH, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition LOZOTT, JAMES W Name: Name: 12688 89TH PLACE NORTH Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JEFF HOOVER **PRES** 04/05/2002