

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G68134

1. Entity Name

AUDIOGROUP OF FT. PIERCE, INC.

Principal Place of Business

Mailing Address

2302 S. US #1
FORT PIERCE FL 34982-5915

2302 S. US #1
FORT PIERCE FL 34982-5915

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

7. Name and Address of New Registered Agent

RIGDON, JR A
2302 S US 1
FORT PIERCE FL 34983

Name
Shannon D. Sumners

Street Address (P.O. Box Number is Not Acceptable)

1601 SE Mistletoe Street

City Port St. Lucie

FL Zip Code 34983

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 Shannon D. Sumners, Director

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SUMNERS, STEVEN K
STREET ADDRESS 1601 SE MISTLETOE ST
CITY-ST-ZIP PORT ST LUCIE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DST
NAME SUMNERS, SHANNON D
STREET ADDRESS 1601 SE MISTLETOE ST
CITY-ST-ZIP PORT ST LUCIE FL

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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: Shannon D. Sumners Shannon D Sumners

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90675 001 ****75.00

05-22-2001 90675 002 ****75.00

4405



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)