

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90032 038 ***550.00

DOCUMENT # H59472

1. Entity Name
HOUSE OF STEREO, INC.



Principal Place of Business
~~4100 SOUTHSIDE BLVD. SUITE 7~~
~~JACKSONVILLE FL 32216~~
US

Mailing Address
~~4100 SOUTHSIDE BLVD. SUITE 7~~
~~JACKSONVILLE FL 32216~~
US

NEW ADDRESS!!!

2. Principal Place of Business
8780-100 PERIMETER PK. CT.

3. Mailing Address
← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JAX FL

City & State

Zip
32216

Country

Zip

Country

4. FEI Number **59-2541300**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GIBSON, WILLIAM A.
~~4100 SOUTHSIDE BLVD. SUITE 7~~
JACKSONVILLE FL 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PT GIBSON, WILLIAM A.
STREET ADDRESS ~~4100 SOUTHSIDE BLVD. SUITE 7~~
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE NAME ☐ Delete
S GIBSON, LINDA LEE
STREET ADDRESS ~~4100 SOUTHSIDE BLVD. SUITE 7~~
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
SAME NEW ADDRESS AS NOTED ABOVE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM A. GIBSON, PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/03 904 642-6677
Date Daytime Phone #

CR2E034 (4/03)