

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90400 017 ***150.00

DOCUMENT # K12233

1. Entity Name

STEREO GARAGE, INC.

Principal Place of Business

% JOHN C. CONA
 1695 COMMERCIAL DR
 NAPLES FL 34112
 US

Mailing Address

% JOHN C. CONA
 1695 COMMERCIAL DR
 NAPLES FL 34112
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Chris CONA

Chris CONA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1695 Commercial Drive

1695 Commercial Drive

City & State

City & State

Naples Fla

Naples, Fla

Zip

Country

Zip

Country

34112

US

34112

US

4. FEI Number **65-0022323**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONA, JOHN C
 1695 COMMERCIAL DR
 NAPLES FL 34112

Name *Chris J. CONA*

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

1695 Commercial Drive

City

Naples

FL

Zip Code

34112

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/9/01

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 **D** ☒ Delete
 NAME **CONA, JOHN C.**
 STREET ADDRESS **2342 QUEENS WAY**
 CITY-ST-ZIP **NAPLES FL**

TITLE **DIVP/T** ☒ Change ☐ Addition
 NAME **Chris J. CONA**
 STREET ADDRESS **1931 East Crown Pointe Blvd**
 CITY-ST-ZIP **Naples Fla 34112**

TITLE **D** ☒ Delete
 NAME **CONA, JOANNE A**
 STREET ADDRESS **2342 QUEENS HWY**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **DIVP/S** ☒ Change ☐ Addition
 NAME **Joan A. CONA**
 STREET ADDRESS **1931 East Crown Pointe Blvd**
 CITY-ST-ZIP **Naples, Fla 34112**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 #

[Signature] *Chris CONA*

1/9/01

941-775-4700

CR2E034 (10/00)