

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90036 033 \*\*\*150.00

**DOCUMENT # K12233**

1. Entity Name  
**STEREO GARAGE, INC.**

Principal Place of Business

**CHRIS CONA**  
**1695 COMMERCIAL DR**  
**NAPLES FL 34112**  
**US**

Mailing Address

**CHRIS CONA**  
**1695 COMMERCIAL DR**  
**NAPLES FL 34112**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, CHRIS J**  
**1695 COMMERCIAL DR**  
**NAPLES FL 34112**

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)

4/16/02  
 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, 2002 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 ☐ Delete  
 NAME **DCPT**  
 STREET ADDRESS **CONA, CHRIS J**  
 CITY-ST-ZIP **1931 EAST LIONN POINTE BLVD**  
**NAPLES FL 34112**

TITLE ☒ Change ☐ Addition  
 NAME **DCPT**  
 STREET ADDRESS **CONA, CHRIS J.**  
 CITY-ST-ZIP **1931 EAST CROWN POINTE BLVD**  
**NAPLES, FLA 34112**

TITLE ☐ Delete  
 NAME **DVPS**  
 STREET ADDRESS **CONA, MADI**  
 CITY-ST-ZIP **1931 EAST LIONN POINTE BLVD**  
**NAPLES FL 34112**

TITLE ☒ Change ☐ Addition  
 NAME **DVPS**  
 STREET ADDRESS **CONA MADI**  
 CITY-ST-ZIP **1931 EAST CROWN POINTE BLVD**  
**NAPLES, FLA 34112**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **DS**  
 STREET ADDRESS **JOHN CONA**  
 CITY-ST-ZIP **2342 QUEENS WAY**  
**NAPLES, FLA 34112**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02  
 Date

941-775-4700  
 Daytime Phone #

CR2E034 (9/01)