

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67853

1. Entity Name

AMERICAN AUDIO VISUAL, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90038 001 ***300.00

Principal Place of Business

4210 L. B. MCLEOD RD
SUITE 109
ORLANDO FL 32811
US

Mailing Address

4210 L. B. MCLEOD RD
SUITE 109
ORLANDO FL 32811
US

2. Principal Place of Business

9484 American Eagle Way

3. Mailing Address

9484 American Eagle Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2933137

Applied For

Not Applicable

Zip

32837

Country

U.S.A.

Zip

32837

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPINICELLI, MR. J.L.
776 FOREST GLEN CT.
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Mark J. Spinicelli

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

9484 American Eagle Way

City

Orlando

FL

Zip Code

32837

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.

Mark J. Spinicelli

(NOTE: Registered Agent Signature required when reinstating)

01/10/2001

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SPINICELLI, MARK	
STREET ADDRESS	776 FOREST GLEN COURT	
CITY-ST-ZIP	MAITLAND FL	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SPINICELLI, JOSEPH L.	
STREET ADDRESS	776 FOREST GLEN COURT	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark J. Spinicelli	
STREET ADDRESS	9484 American Eagle Way	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Mark J. Spinicelli

01/10/2001

DATE

407-888-8300

Daytime Phone #

CR2E034 (10/00)