

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K74139

1. Entity Name

MATRIX AUDIO VISUAL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90082 029 ***150.00

Principal Place of Business

Mailing Address

% STANLEY A. GOLDSMITH
1605 MAIN STREET, SUITE 1001
SARASOTA FL 34236
US

% STANLEY A. GOLDSMITH
1605 MAIN STREET, SUITE 1001
SARASOTA FL 34236-5861
US

2. Principal Place of Business

1743 Independence Blvd

3. Mailing Address

1743 Independence Blvd.

Suite, Apt. #, etc.

SUITE D-8

Suite, Apt. #, etc.

SUITE D-8

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34234

Country

US

Zip

34234

Country

US

4. FEI Number

65-0111148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN STREET
STE. 1001
SARASOTA FL 34236

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.

SIGNATURE

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, 2000 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 DPTS
NAME SEIFERT, BARBARA A. ☒ Delete
STREET ADDRESS 1743 INDEPENDENCE BOULEVARD
CITY-ST-ZIP SARASOTA FL 34234

TITLE V
NAME PARCASE, PHILIP ☐ Delete
STREET ADDRESS 1743 INDEPENDENCE BLVD
CITY-ST-ZIP SARASOTA FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DPTS ☒ Change ☐ Addition
NAME
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

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

Philip Parcase

4/27/00 (941) 359-1111

Date

Daytime Phone #

CR2E034 (9/99)