

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001206

1. Entity Name

AUDIOVOX SPECIALIZED APPLICATIONS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -5 AM 10:02

Principal Place of Business

15 EAST NORTH STREET  
DOVER DE 19901

Mailing Address

15 EAST NORTH STREET  
DOVER DE 19901

2. Principal Place of Business

3. Mailing Address

23319 Cooper Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Elkhart IN

4. FEI Number

35-1844572

Applied For

Not Applicable

Zip

Country

Zip

Country

46514

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLOMICK, PHILLIP  
18757 SW 31ST STREET  
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name Same  
Street Address (P.O. Box Number is Not Acceptable)  
5045 S.E. 11th Drive  
City Bushnell  
100003390981-2  
09/13/00-01014-025  
\*\*\*\*\*50.00

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)

8/29/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME AUDIOVOX CORPORATION  
STREET ADDRESS 150 MARCUS BLVD.  
CITY-ST-ZIP HAUPPAUGE NY 11788 ☐ Delete

TITLE MGRM  
NAME ASA ELECTRONICS CORPORATION  
STREET ADDRESS 23319 COOPER DRIVE  
CITY-ST-ZIP ELKHART IN 46514 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/29/00

Date

219/264-3135

Daytime Phone #

CR2E083 (5/00)