

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000013667**

1. Entity Name

**ABOVE ALL ELECTRONICS, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT -4 AM 9:09

Principal Place of Business

5051 LINCOLN ROAD  
VENICE FL 34293

Mailing Address

5051 LINCOLN ROAD  
VENICE FL 34293

2. Principal Place of Business

1629 Landfall Dr.

Suite, Apt. #, etc.

3. Mailing Address

1629 Landfall Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Nokomis, FL

City &amp; State

Nokomis, FL

4. FEI Number

65-0995881

Applied For

Not Applicable

Zip

34275

Country

Sarasota

Zip

34275

Country

Sarasota

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PROCYK, PETER G.  
 5051 LINCOLN ROAD  
 VENICE FL 34293

CHANGE OF  
 ADDRESS →

7. Name and Address of New Registered Agent

Name

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

1629 Landfall Drive

City Nokomis

FL 34275

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

9.6.01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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: PRESIDENT/OWNER ☒ Delete  
 NAME: PETER G. PROCYK  
 STREET ADDRESS: 5051 LINCOLN ROAD  
 CITY-ST-ZIP: VENICE, FL 34293

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
 NAME:   
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TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT/OWNER ☒ Change ☐ Addition  
 NAME: PETER G. PROCYK  
 STREET ADDRESS: 1629 LANDFALL DRIVE  
 CITY-ST-ZIP: NOKOMIS, FL 34275

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

TITLE: ☐ Change ☐ Addition  
 NAME:   
 STREET ADDRESS:   
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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

Date

Daytime Phone #

9.6.01 941-302-1131

CR2E034 (5/01)