

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90016 022 ***150.00

DOCUMENT # P00000073011

1. Entity Name

A DISCOUNT CUE SOURCE & ACCESSORIES, INC.

Principal Place of Business

**700 S. DIXIE HIGHWAY W
 POMPAÑO BEACH FL 33060**

Mailing Address

**POST OFFICE BOX 26942
 TAMARAC FL 33320**

2. Principal Place of Business

**700 S Dixie Hwy W
 Suite, Apt. #, etc.
 Pompano Beach, FL 33060**

3. Mailing Address

**P.O. BOX 26942
 Suite, Apt. #, etc.
 Tamarac, FL 33320**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1029968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WIDROWICZ, DAVE
 64 CANTERBURY LANE
 TAMARAC FL 33319**

7. Name and Address of New Registered Agent

**NAME: Dave Widrowicz
 Street Address (P.O. Box Number is Not Acceptable)
 64 Canterbury Lane
 Tamarac, FL 33319
 City: Tamarac, FL Zip Code: 33319**

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 \$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	PSD	<input type="checkbox"/> Delete
NAME	WIDROWICZ, VICTORIA	
STREET ADDRESS	64 CANTERBURY LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIDROWICZ, DAVE	
STREET ADDRESS	64 CANTERBURY LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
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	<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
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CITY-ST-ZIP	
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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
DAVE WIDROWICZ Director

Date

Daytime Phone #

8/5/01

954-946 1924

CR2E034 (5/01)