

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 039 ***150.00

DOCUMENT # P00000073011

1. Entity Name

A DISCOUNT CUE SOURCE & ACCESSORIES, INC.



Principal Place of Business

700 S. DIXIE HIGHWAY W
POMPANO BEACH FL 33060

Mailing Address

POST OFFICE BOX 26942
TAMARAC FL 33320

J4010101



MOORE CR2E034 (11/03)

2. Principal Place of Business

14501 500 12 AUG #10

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

Zip

33069

Country

Florida

Zip

33320

Country

USA

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

7. Name and Address of New Registered Agent

WIDROWICZ, DAVE
64 CANTERBURY LANE
TAMARAC FL 33319

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME WIDROWICZ, VICTORIA
STREET ADDRESS 64 CANTERBURY LANE
CITY-ST-ZIP TAMARAC FL 33319

TITLE D ☐ Delete
NAME WIDROWICZ, DAVE
STREET ADDRESS 64 CANTERBURY LANE
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

2/18/04 954-946-1984

Date

Daytime Phone #