

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91344 002 \*\*\*150.00

DOCUMENT # **P01000029005**

1. Entity Name

*Electronic Accessories, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2994 W. New Haven Ave*

Suite, Apt. #, etc.

3. Mailing Address

*2994 W. New Haven Ave*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*West Melbourne FL*

City & State

*W. Melbourne, FL*

4. FEI Number

*59-3711845*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Paul Bouvier (CPA)*

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

*3210 North Wickham Rd*

City

*Melbourne*

**FL**

Zip Code

*32935*

**DO NOT WRITE  
IN THIS SPACE**

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

*Paul Bouvier*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/12/02*

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

NAME

STREET ADDRESS

CITY - ST - ZIP

*President  
John David Curri II  
253 Flanders Dr.  
Indialantic, Florida 32903*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*Secretary  
Laura Rosa Curri  
253 Flanders Dr.  
Indialantic, FL 32903*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John D. Curri II*

DATE

*5/12/02*

Daytime Phone #

*321-403-7404*

CR2ED34B (12/01)