## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 03, 2002 8:00 am Secretary of State P01000064731 DOCUMENT # 1. Entity Name AUDIO PERFECTION, INC. 03-03-2002 90083 011 \*\*\*150.00 Principal Place of Business Mailing Address 1492 LAUREL OAK DR. 1492 LAUREL OAK DR. **ORANGE PARK FL 32003 ORANGE PARK FL 32003** 2. Principal Place of Business 3. Mailing Address 0037 Atlantic DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State FEi\_Number Florida 59 -3738298 Not Applicable Country Cal Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIKOS, KIMBERLY SANI Street Address (P.O. Box Number is Not Acceptable) 1492 LAUREL OAK DR. ORANGE PARK FL 32003 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change Addition | ☐ Delete TITLE TITLE Edward Tylen Rico Barnes 7740 Southside Blva. # 2005 MIKOS, KENNETH RUSSEL JR NAME NAME 1492 LAUREL OAK DR. STREET ADDRESS STREET ADDRESS Jacksonville, FL32256 ORANGE PARK FL 32003 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAMES OF SECTION WHEELER PATRICK NAME 10201/W. BEAVER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE LIACKSONVILLE FL 32220 CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE DOLSEN, WILLIAM NAME NAME 8918 TRILBY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE JACKSONVILLE FL 32244 CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE MIKOS, KIMBERLY SANI NAME NAME STREET ADDRESS 1492 Laurel oak dr. STREET ADDRESS ORANGE PARK FL 32003 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE WORLD · □ Delete ☐ Change ☐ Addition TITLE NAME TYPEST DAY OF 100 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 control of 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

Condimo Obseso #

FILED