

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90117 039 \*\*\*150.00

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**DOCUMENT # P01000064731**

1. Entity Name

AUDIO PERFECTION, INC.



Principal Place of Business

10037 ATLANTIC BLVD  
JACKSONVILLE FL 32225  
US

Mailing Address

1492 LAUREL OAK DR.  
ORANGE PARK FL 32003

2. Principal Place of Business

3. Mailing Address

10037 Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Jacksonville, FL

Zip

Country

Zip

Country

32225

USA

4. FEI Number

59-3738298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKOS, KIMBERLY SANI  
1492 LAUREL OAK DR.  
ORANGE PARK FL 32003

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	MIKOS, KENNETH RUSSEL JR	
STREET ADDRESS	1492 LAUREL OAK DR.	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHEELER, PATRICK	
STREET ADDRESS	10201 W. BEAVER ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIKOS, KIMBERLY SANI	
STREET ADDRESS	1492 LAUREL OAK DR.	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNES, EDWARD T	
STREET ADDRESS	7740 SOUTHSIDE BLVD., #2005	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kimberly Sani Mikos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-03

Date

904-855-8008

Daytime Phone #

CR2E034 (10/02)