

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90073 003 ***150.00

DOCUMENT # P01000114167

1. Entity Name
PALM BEACH AUDIO CONNECTION, INC.

Principal Place of Business 6146 TERRA ROSA CIRCLE BOYNTON BEACH FL 33437	Mailing Address 6146 TERRA ROSA CIRCLE BOYNTON BEACH FL 33437
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Home - same →
 Suite, Apt. #, etc.

3. Mailing Address
 6146 Terra Rosa Cir
 Suite, Apt. #, etc.

City & State	City & State BOYNTON BCH, FL
Zip	Country 33437 USA

4. FEI Number 65-1151253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIGGLEMAN, CANDICE 6146 TERRA ROSA CIRCLE BOYNTON BEACH FL 33437	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIGGLEMAN, CANDICE		NAME	
STREET ADDRESS 6146 TERRA ROSA CIRCLE		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIGGLEMAN, FORTUNATO		NAME	
STREET ADDRESS 6146 TERRA ROSA CIRCLE		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORSE, ISAAC		NAME	
STREET ADDRESS 5084 ASHLEY LAKE DRIVE., APT 916		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33436		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Candice Rigglesman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02
 Date Daytime Phone #

CR2E034 (9/01)