

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/13

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-13-2003 90431 035 ***150.00

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1. Entity Name
WEST ORANGE AUDIO INC.



Principal Place of Business
**12064 SANDY SHORES DR
WINDERMERE FL 34786**

Mailing Address
**12064 SANDY SHORES DR
WINDERMERE FL 34786**

55006271



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-2058435**

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

**FETTE, MARK
12064 SANDY SHORES DR
WINDERMERE FL 34786**

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 fee 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FETTE, MARK R	12064 SANDY SHORES DR	WINDERMERE FL 34786	<input type="checkbox"/>
ST	FETTE, DARLENE	12064 SANDY SHORES DR	WINDERMERE FL 34786	<input type="checkbox"/>
V-P	Dane Fette	12064 Sandy Shores Dr	Windermere, Fla. 34786	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
Signature and typed or printed name of signatory officer or director

Date **1-9-03** Daytime Phone # **407-948-3180**

Darlene Fette, Sec. Treas.

CR20034 (10/02)