

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90254 031 ***150.00

DOCUMENT # P02000090142



1. Entity Name
JACK'S AUTO SOUND & SECURITY, INC.

Principal Place of Business
**2115 HAMMOCK MOSS DRIVE
ORLANDO FL 32820**

Mailing Address
**2115 HAMMOCK MOSS DRIVE
ORLANDO FL 32820**



2. Principal Place of Business
755 Bennett Rd

3. Mailing Address
2115 Hammock Moss Dr.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL.

City & State
Orlando FL.

4. FEI Number
510421269

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
32803 Country
Orange

Zip
32820 Country
Orl.

6. Name and Address of Current Registered Agent

**SAMET, JACK
2115 HAMMOCK MOSS DR
ORLANDO FL 32820**

7. Name and Address of New Registered Agent

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 *Jack Samet* DATE **2/13/03**

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
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 P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SAMET, JACK | | NAME | |
| STREET ADDRESS 2115 HAMMOCK MOSS DR | | STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL 32820 | | 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 |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 *Jack Samet* **SIGNATURE REQUIRED** DATE **2/13/03** DAYTIME PHONE # **407-895-2992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)