

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
Suite, Apt. #, etc.

3. Mailing Address
2115 Hammock Moss Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL.

City & State
Orlando FL.

4. FCI Number
510421269

Applied For
☐ Not Applicable

Zip
32803

Country
Orange

Zip
32820

Country
Orl.

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

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

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

2/13/03

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** ☐ Delete
NAME **SAMET, JACK**
STREET ADDRESS **2115 HAMMOCK MOSS DR**
CITY-ST-ZIP **ORLANDO FL 32820**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 407-895-2992

Date

Daytime Phone #

CR2E034 (10/02)