## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # P93000067416** TICE AUDIO PRODUCTS, INC. 01-31-2001 90044 027 \*\*\*150.00 Principal Place of Business Mailing Address 1530 CYPRESS DRIVE 1530 CYPRESS DRIVE JUPITER FL 33469 JUPITER FL 33469 C0013076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0436842 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent = 7. Name and Address of New Registered Agent Name TICE, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 1530 CYPRESS DRIVE JUPITER FL 33469 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change Addition TITLE TITLE NAME TICE, GEORGE R NAME STREET ADDRESS STREET ADDRESS 1530 CYPRESS DRIVE CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33469 ☐ Change TITLE ☐ Delete TITLE Addition NAME TICE, FRANCINE T NAME STREET ADDRESS 1530 CYPRESS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS\* -CITY-ST-ZIP 海域孤绩 13. I hereby certify that the information supplied with this filling 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 factured 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 of fustee 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

1-24-01