## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 17, 2000 8:00 am Secretary of State DOCUMENT # **P93000079285** 1. Entity Name CAR TUNES SOUND AND SECURITY SYSTEMS, INC. 07-17-2000 90004 030 \*\*\*550.00 Principal Place of Business Mailing Address 2939 N. FEDERAL HIGHWAY 2939 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0449437 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -RAWLINGS: CANDACE-1 Street A 2939 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33306 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 DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. **PDS** MICHAEL KAHL ☐ Addition TITLE TITLE Delete RAWLINGS, CANDAGE-NAME PRESIDENI 2939 NO. STREET ADDRESS STREET ADDRESS 2939 N. FEDERAL HIGHWAY 33306 CITY-ST-ZIP CITY-ST-ZIP LAMID FORT LAUDERDALE FL 33306 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 rustee empowered to execute this open 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR