

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90159 033 ***150.00

DOCUMENT # P94000054542

1. Entity Name

AUDIO VIDEO ODYSSEY, INC.

Principal Place of Business Mailing Address
US 19 NORTH **36362 US 19 NORTH**
HARBOR FL 34684 **PALM HARBOR FL 34684-1328**
US

2. Principal Place of Business 3. Mailing Address
36366 US HWY 19 N. **36366 US Hwy. 19 N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM HARBOR, FLORIDA **Palm Harbor, FL**
 Zip Country Zip Country
34684 **USA** **34684** **USA**

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BLAHA, CANDACE L
36362 US 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
36366 US HWY 19 N
 City State Zip
PALM HARBOR **FL** **34684**

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 **CANDACE L. BLAHA PRES.** *Candace L. Blaha* **4-28-00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------|---------------------------------|---|-------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAHA, CANDACE L | | NAME | | |
| STREET ADDRESS | 36362 US 19 NORTH | | STREET ADDRESS | 36366 US HWY 19 N | |
| CITY-ST-ZIP | PALM HARBOR FL | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAHA, JON C | | NAME | | |
| STREET ADDRESS | 36362 US 19 NORTH | | STREET ADDRESS | 36366 US HWY 19 N | |
| CITY-ST-ZIP | PALM HARBOR FL | | 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 |
| 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 |
| 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 |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CANDACE L. BLAHA, PRES.** *Candace L. Blaha* **4/28/00** **727-784-1911**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)