

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099822

1. Entity Name

FLORIDA AUTO SECURITY & SOUND, INC.

Principal Place of Business

2801 FOREST HILL BLVD.  
W. PALM BEACH FL 33406

Mailing Address

2801 FOREST HILL BLVD.  
W. PALM BEACH FL 33406-5955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2801 Forest Hill Blvd.

City & State  
West Palm Beach, FL

Zip

33406 Palm Beach

Suite, Apt. #, etc.

2801 Forest Hill Blvd.

City & State  
W.P.B., FL

Zip

33406 Palm Beach

6. Name and Address of Current Registered Agent

MITCHELL, PAMLETTA  
2801 FOREST HILL BLVD.  
W. PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name Jeffrey Auletta

Street Address (P.O. Box Number is Not Acceptable)

2801 Forest Hill Blvd.

City West Palm Beach, FL

Zip Code 33406

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, PAMLETTA	
STREET ADDRESS	2801 FOREST HILL BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Auletta, Jeffrey	
STREET ADDRESS	2801 Forest Hill Blvd.	
CITY-ST-ZIP	W. P.B., FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Jeffrey Auletta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00  
Date

561-968-8702  
Daytime Phone #

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90111 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0713851 ☒ Applied For ☐ Not Applicable

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

CR2E034 (9/99)