

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90131 020 \*\*\*150.00

**DOCUMENT # P98000034116**

1. Entity Name

**HOME ENTERTAINMENT CONNECTION, INC.**

Principal Place of Business

**1981 50TH TERRACE S.W.  
NAPLES FL 34116**

Mailing Address

**1981 50TH TERRACE S.W.  
NAPLES FL 34116**

2. Principal Place of Business

**4460 11TH AVE SW**

3. Mailing Address

**4460 11TH AVE SW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**59-3505325**

Applied For

Not Applicable

Zip

Country

**34116 U.S.A.**

Zip

Country

**34116 U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHRADER, CASEY  
1981 50TH TERRACE S.W.  
NAPLES FL 34116**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4460 11TH AVE SW**

City

**NAPLES**

**FL**

Zip Code

**34116**

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, 2002 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          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>SHRADER, CASEY</b>       |                                 |
| STREET ADDRESS | <b>1981 50TH TERR. S.W.</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL 34116</b>      |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>SHRADER, JEFF</b>        |                                 |
| STREET ADDRESS | <b>1981 50TH TERR. S.W.</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL 34116</b>      |                                 |
| 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           |                         |  |
| STREET ADDRESS | <b>4460 11TH AVE SW</b> |  |
| CITY-ST-ZIP    | <b>NAPLES, FL 34116</b> |  |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS | <b>4460 11TH AVE SW</b> |  |
| CITY-ST-ZIP    | <b>NAPLES, FL 34116</b> |  |
| 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/14/02 9413520211**

CR2E034 (9/01)

Attachment # P9800003416/640880

**Wittock & Associates, P.A.**  
*Certified Public Accountants*

Gary Wittock, C.P.A.

Horseshoe Professional Park  
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Naples, Florida 34104

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