

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079056

1. Entity Name
AUDIO VIDEO INSTALLATIONS, INC.

Principal Place of Business
3776 ARNOLD AVE
NAPLES FL 34104

Mailing Address
3776 ARNOLD AVE
NAPLES FL 34104

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Zip

6. Name and Address of Current Registered Agent
REARDEN, GREG
2051 TRADE CENTER WAY
NAPLES FL 34109

Country

Country

4. FEI Number 59-3530565
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name Greg Rearden
Street Address (P.O. Box Number is Not Acceptable)
3776 Arnold Ave.

City Naples, FL Zip Code 34104

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. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REARDEN, GREG 2051 TRADE CENTER WAY NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME Greg Rearden STREET ADDRESS 3776 Arnold Ave. CITY-ST-ZIP Naples, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REARDEN, VALERIE 2051 TRADE CENTER WAY NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME Valerie Rearden STREET ADDRESS 3776 Arnold Ave. CITY-ST-ZIP Naples, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Valerie Rearden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90018 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

941-659-4199