

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087283

1. Entity Name

HEADSETS INC.

Principal Place of Business

Mailing Address

36506 CALLA COURT  
LEESBURG FL 34788

P.O. BOX 350126  
GRAND ISLAND FL 32735-0126

2. Principal Place of Business

7000 20TH STREET

3. Mailing Address

P.O. Box 690609

Suite, Apt. #, etc.

#874

Suite, Apt. #, etc.

City & State

VERO BEACH, FLORIDA

City & State

VERO BEACH FLORIDA

Zip

32966

Country

INDIAN RIVER

Zip

32969

Country

INDIAN RIVER

4. FEI Number

59-3537669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POWELL, JAMES L  
36506 CALLA COURT  
LEESBURG FL 34788

← (SAME) →  
ONLY  
NEW ADDRESS

7. Name and Address of New Registered Agent

Name

POWELL, JAMES L.  
Street Address (P.O. Box Number is Not Acceptable)

7000 20TH STREET

#874

City

VERO BEACH

FL

Zip Code  
32966

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS POWELL, JAMES L  
CITY-ST-ZIP 36506 CALLA COURT  
LEESBURG FL 34788

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME D/P  
STREET ADDRESS 7000 N 20TH STREET, #874  
CITY-ST-ZIP VERO BEACH, FLORIDA 32966

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS ELLIE POWELL  
CITY-ST-ZIP 7000 20TH STREET, #874  
VERO BEACH, FLORIDA 32966

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James L. Powell* - JAMES L. POWELL

1-8-01

561 794-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0489048

CR2E034 (10/00)