


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90228 047 ***150.00

DOCUMENT # P98000107879	
1. Entity Name DOCTOR HI FI	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1113 South Cypress Road		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, Fla.		City & State SAME	
Zip 33060	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name		
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gary S Lutzak** DATE **5/15/03**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DOCTOR / PRESIDENT Gary S Lutzak 1113 South Cypress Road Pompano Beach, FL 33060	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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12. 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 10 or on an attachment with an address with all other like empowered.	
SIGNATURE: Gary S Lutzak	DATE: 5/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/02)