

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90112 047 ***150.00

DOCUMENT # P99000016706

1. Entity Name

AUDIO-VIDEO UNLIMITED, INC.

Principal Place of Business

**1042 S.W. 25TH AVENUE
 BOYNTON BEACH FL 33426**

Mailing Address

**1042 S.W. 25TH AVENUE
 BOYNTON BEACH FL 33426-7419**

2. Principal Place of Business

3159 Reo Lane

3. Mailing Address

3159 Reo Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

05-0891655

Applied For

Not Applicable

Zip

33461

Country

USA

Zip

33461

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERKINS, TONY L
 1042 S.W. 25TH AVENUE
 BOYNTON BEACH FL 33426**

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.

SIGNATURE

Tony L. Perkins
 Signature, typed or printed name of registered agent and title if applicable.

Tony L. Perkins President
 (NOTE: Registered Agent signature required when reinstating)

DATE

2/2/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROGERS, KENNETH L | |
| STREET ADDRESS | 3159 REO LANE | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PERKINS, TONY L | |
| STREET ADDRESS | 1042 SW 25TH AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| 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 | | |

| | | |
|----------------|--------------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Perkins, TONY L | |
| STREET ADDRESS | 1042 SW 25TH AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 | |
| TITLE | VICE-PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, KENNETH L | |
| STREET ADDRESS | 3159 RED LANE | |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 | |
| TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROGERS, JENNIFER | |
| STREET ADDRESS | 3159 RED LANE | |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PERKINS, ANGELA | |
| STREET ADDRESS | 1042 SW 25TH AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 | |
| 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:

Tony L. Perkins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
 Date

2/2/2000
 Daytime Phone #

CR2E034 (9/99)