

DOCUMENT # P99000022732

1. Entity Name

TARGET ELECTRONICS INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90014 010 ***150.00

Principal Place of Business

2251 N.E. 5TH AVE.
BOCA RATON FL 33431

Mailing Address

2251 N.E. 5TH AVE.
BOCA RATON FL 33431

2. Principal Place of Business

2234 N. Federal Hwy

Suite, Apt. #, etc.

Suite 432

City & State

BOCA RATON, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33431

Country

P.B.

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901925

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GISCHER, HENRY
20869 PINAR TRAIL
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

GARY WACHSMAN CPA

Street Address (P.O. Box Number is Not Acceptable)

2263 NW 2nd Ave #210

City

BOCA RATON

FL

Zip Code

33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

BETTS, CYNTHIA
2251 N.E. 5TH AVE.
BOCA RATON FL 33431☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVICE PRESIDENT
A. PERKINS
2251 N.E. 5TH AVE
BOCA RATON, FL 33431☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA BETTS
DIRECTOR

Date:

1/4/2001

Daytime Phone #

CR2E034 (10/00)