

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90004 030 ***150.00

0400841

DOCUMENT # P99000059238

1. Entity Name

ACCENT AUDIO & VIDEO, INC.

Principal Place of Business

**9840 CAROLINA STREET
 BONITA SPRINGS FL 34135**

Mailing Address

**9840 CAROLINA STREET
 BONITA SPRINGS FL 34135**

660521

2. Principal Place of Business

26801 Old 41 Road

3. Mailing Address

26801 Old 41 Road

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

Lee

Zip

34135

Country

Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3587040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OLSON, ROBBIN J
 9840 CAROLINA ST
 BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

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

26801 Old 41 Road

Suite #6

City

Bonita Springs,

FL

Zip Code

34135

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.

(NOT

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 **D** ☐ Delete
 NAME **OLSON, ROBBIN J**
 STREET ADDRESS **5931 SEA GRASS LANE**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **D** ☐ Delete
 NAME **ROTHENBERG, CURT B**
 STREET ADDRESS **3950 LEWARD PASSAGE CT. #204**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9840 Carolina Street**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If the information has changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **Robbin J. Olson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/01 (941) 948-8874

Date

Daytime Phone #

CR2E034 (10/00)