# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088126

**FILED**
**Apr 19, 2000 8:00 am**
**Secretary of State**
04-19-2000 90001 004 ***150.00

C0061897

DO NOT WRITE IN THIS SPACE

1. Entity Name

SCHENK AUDIO, INC.

Principal Place of Business

5125 Palmetto Drive
Melbourne Beach, FL 32951

Mailing Address

c/o Robert Feldman, Esq.
300 Sevilla Avenue, #305
Coral Gables, FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 59-3611163 — Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**

Robert L. Feldman, Esquire
300 Sevilla Avenue, Suite 305
Coral Gables, Florida 33134

**7. Name and Address of New 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.

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, 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 | P,S,T,D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | Boach, Patti | NAME | |
| STREET ADDRESS | 5125 Palmetto Drive | STREET ADDRESS | |
| CITY-ST-ZIP | Melbourne Beach, FL 32951 | CITY-ST-ZIP | |
| TITLE | V ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | Schenk, Scott | NAME | |
| STREET ADDRESS | 5125 Palmetto Drive | STREET ADDRESS | |
| CITY-ST-ZIP | Melbourne Beach, FL 32951 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| STREET ADDRESS | | STREET ADDRESS | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034 (9/99)

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:** Patti Boach — Patti Boach — 3/26/00 — 321-723-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #