

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01329

1. Entity Name

A & R ELECTRONICS, INC.

Principal Place of Business

3408 S ATLANTIC AVE
DAYTONA BCH SHORES FL 32118
US

Mailing Address

3408 S ATLANTIC AVE
DAYTONA BCH SHORES FL 32118
US

2. Principal Place of Business

3. Mailing Address

3408 S ATLANTIC AVE Suite, Apt. #, etc.

City & State

DAYTONA BEACH SHORES FL

Zip

Country

32118

FLORIDA

City & State

City & State

DAYTONA BEACH SHORES FL

Zip

Country

32118

FLORIDA

6. Name and Address of Current Registered Agent

SZOSTAK, AARON
3408 S ATLANTIC AVE
DAYTONA BCH SHORES FL 32118

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, 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	<input type="checkbox"/> Delete
NAME	SZOSTAK, AARON	
STREET ADDRESS	3408 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH SHORES FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	SZOSTAK, ERNSTO L	
STREET ADDRESS	3408 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH SHORES FL 32118	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AARON SZOSTAK

Date

Daytime Phone #

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90067 006 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)