

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90221 028 \*\*\*150.00

**DOCUMENT # P99000072803**

1. Entity Name

**RADIOACCESSORIES.COM, INC.**

Principal Place of Business

731-F AIRPORT ROAD  
 PANAMA CITY FL 32405

Mailing Address

731-F AIRPORT ROAD  
 PANAMA CITY FL 32405-4031

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2. Principal Place of Business

178 E. Nine Mile Rd.

Suite, Apt. #, etc.

3. Mailing Address

178 E. Nine Mile Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-3622116

Applied For

Not Applicable

Zip

32534

Country

USA

Zip

32534

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIXON, CHRIS  
 731-F AIRPORT ROAD  
 PANAMA CITY FL 32405

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

TITLE: D  Delete  
 NAME: MORGAN, STEVE  
 STREET ADDRESS: 1116 QUIET CREEK RD.  
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE: D  Delete  
 NAME: MIXON, CHRIS  
 STREET ADDRESS: 2709 RUTGERS DRIVE  
 CITY-ST-ZIP: PANAMA CITY FL 32405

TITLE: D  Delete  
 NAME: SELF, SHAWN  
 STREET ADDRESS: 134 ALLEN AVE.  
 CITY-ST-ZIP: PANAMA CITY FL 32401

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:  
 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:

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 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 or other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00  
 Date

850-479-6200  
 Daytime Phone #