

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90101 004 ***150.00

0959777 AV

DOCUMENT # F26009

1. Entity Name
FOGT'S MUSIC, INC.



Principal Place of Business
**4209 S. TAMiami TR.
SARASOTA FL 34231-3627
US**

Mailing Address
**4209 S. TAMiami TR.
SARASOTA FL 34231-3627
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2080791**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FOGT, DENNIS
4209 S TAMiami TR
SARASOTA FL 34321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOGT, DENNIS 2095 SIESTA DR SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FOGT, LAMONT D 2095 SIESTA DR SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERFER, JULIE FOGT 2095 SIESTA DR SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMANDT, MARLA F 2095 SIESTA DR SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESIGNED BY FOGT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4209 S. TAMiami TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4209 S. TAMiami TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4209 S. TAMiami TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date: **1/22/03** Daytime Phone #: **941-924-0505**

CR2E034 (10/02)