


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90074 023 ***150.00

DOCUMENT # 137862

1. Entity Name
REYNALDS MUSIC HOUSE INC



Principal Place of Business
**108 W. STRONG STREET
PENSACOLA FL 32501
US**

Mailing Address
**108 W. STRONG STREET
PENSACOLA FL 32501
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0420535**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~EMMANUEL, JOSEPH B.
108 W. STRONG STREET
PENSACOLA FL 32501~~

7. Name and Address of New Registered Agent

Name **ANGELA E. GUILLAUME**
Street Address (P.O. Box Number is Not Acceptable)
5825 KAISER LANE
1
City **PENSACOLA** FL Zip Code **32507**

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 *Angela E. Guillaume* DATE **2-05-03**

Signature, type 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	8 PRESIDENT <input type="checkbox"/> Delete
NAME	EMMANUEL, VIOLETA H.
STREET ADDRESS	108 W STRONG ST
CITY-ST-ZIP	PENSACOLA, FL 00000
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	EMMANUEL, JOSEPH B
STREET ADDRESS	108 W. STRONG STREET
CITY-ST-ZIP	PENSACOLA, FL 00000 DECEASED
TITLE	ANGELA E. GUILLAUME <input type="checkbox"/> Delete
NAME	ANGELA E. GUILLAUME
STREET ADDRESS	5825 KAISER LANE
CITY-ST-ZIP	PENSACOLA, FL 32507 SECRETARY
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	

11. 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	
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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	

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 an other like empowered.

SIGNATURE: *Angela E. Guillaume* DATE **2-05-03** DAYTIME PHONE # **850-492-9387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)