

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90015 033 \*\*\*150.00

**DOCUMENT # 264754**

1. Entity Name  
**H. & S. MUSIC CO.**

Principal Place of Business  
**473 W. S R 436**  
**ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**473 W. S R 436**  
**ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**2227 SPRINGS LANDING BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address

**2227 SPRINGS LANDING BLVD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Longwood FL**

Zip **32779** Country **Seminole**

City & State

**Longwood FL**

Zip **32779** Country **Seminole**

4. FEI Number **59-2243959**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAZZALORE, DOMINICK J.**  
**2227 SPRINGS LANDING BLVD.**  
**LONGWOOD FL 32779**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PV</b>	<input type="checkbox"/> Delete
NAME	<b>FAZZOLARE, DOMINICK J, SR</b>	
STREET ADDRESS	<b>2227 SPRINGS LANDING BLV</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FAZZOLARE, MARIE C.</b>	
STREET ADDRESS	<b>2227 SPRINGS LANDING BLV</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FAZZOLARE, MICHAEL J.</b>	
STREET ADDRESS	<b>651 WILDFLOWER CT.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FAZZOLARE, DOMINICK J, JR</b>	
STREET ADDRESS	<b>659 WILDFLOWER CT.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
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"/> 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		
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: *Dominick J. Fazzolare* **Dominick J. Fazzolare**

**4-12-01**

**407-788-1655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)