

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90143 028 ***150.00

DOCUMENT # 396711

Entity Name
RASS & REED MUSIC CENTER, INC.

Principal Place of Business

**675 MASON AVE.
 DAYTONA BEACH FL 32117**

Mailing Address

**675 MASON AVE.
 DAYTONA BEACH FL 32117**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1389544**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BIRTHRONG, WILLIAM I.
 675 MASON AVE.
 DAYTONA BEACH FL 32117**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

William I. Birthrong **William I. Birthrong-President** **2/4/02**

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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	BIRTHRONG, WILLIAM FRED	
STREET ADDRESS	675 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BIRTHRONG, WILLIAM	
STREET ADDRESS	675 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIRTHRONG, WENDY	
STREET ADDRESS	675 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

3. 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:

William I. Birthrong **WILLIAM I. BIRTHRONG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

386/252-5544

Daytime Phone #

CR2E034 (9/01)