2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 420135** May 17, 2000 8:00 am Secretary of State WARE HOUSE OF MUSIC, INC. 05-17-2000 90976 050 ***150.00 Principal Place of Business Mailing Address 2211 BLANDING BLVD. 2211 BLANDING BLVD. JACKSONVILLE FL 32210-4121 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-1441469 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Charles H. Ware JORDAN, GLEN A Street Address (P.O. Box Number is Not Acceptable) 2211 BLANDING BLVD. JACKSONVILLE FL 32210 564 Atlantic Blvd City Neptune Beach ^{Zip}32266 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VSD PVTD ☐ Change ■ Addition X Delete TITLE JORDAN, GLEN A Charles H. Ware NAME STREET ADDRESS 1123 7TH AVEN NORTH STREET ADDRESS 564 Atlantic Blvd CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH FL Neptune Beach, FL 32266 ☐ Delete TITLE ☐ Change TITLE NAME NAME Betty J. Ware STREET ADDRESS STREET ADDRESS 564 Atlantic Blvd CITY-ST-7IP CITY-ST-ZIP Neptune Beach, FL 32266° ☐ Change TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ■ Addition ☐ Change TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1

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 904-241-2466

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition