

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667973

1. Entity Name

SUNCOAST MUSIC, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90014 043 ***150.00

Principal Place of Business

Mailing Address

11520 VILLA GRAND APT. 1007
FT MYERS FL 33913
US

PO BOX 7585
FORT MYERS FL 33911-7585
US

C0084108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3612 S.W. 11TH CT.
Suite, Apt. #, etc.

PO BOX 7062
Suite, Apt. #, etc.

City & State
CAPE CORAL, FL.

City & State
FT. MYERS, FL

4. FEI Number 59-1982872

Applied For
Not Applicable

Zip 33914 Country LEE

Zip 33911 Country LEE

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

MAGAS, JAMES
11520 VILLA GRAND APT. 1007
FT. MYERS FL 33913

Name JAMES MAGAS, JR.

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

3612 S.W. 11TH COURT
City CAPE CORAL FL Zip Code 33914

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 JAMES MAGAS JR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

James Magas Jr. 04-26-00

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, 2000 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 DP
NAME MAGAS, JAMES
STREET ADDRESS 11520 VILLA GRAND APT. 1007
CITY-ST-ZIP FT MYERS FL 33913 ☒ Delete

TITLE DP
NAME JAMES MAGAS, JR.
STREET ADDRESS 3612 S.W. 11TH CT.
CITY-ST-ZIP CAPE CORAL, FL. 33914 ☐ Change ☒ Addition

TITLE VD
NAME MCBRIDE, JOHN
STREET ADDRESS 23786 WONNETA PKWY
CITY-ST-ZIP WESTLAKE OH ☒ Delete

TITLE VD
NAME DINO MAGAS
STREET ADDRESS 3612 S.W. 11TH CT.
CITY-ST-ZIP CAPE CORAL, FL. 33914 ☐ Change ☒ Addition

TITLE VD
NAME CROCCO, FRANK J.
STREET ADDRESS 19718 DEER RUN LAKE
CITY-ST-ZIP STRONGSVILLE OH ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CYRILL, JENNIFER
STREET ADDRESS 23832 WONNETA PKWY
CITY-ST-ZIP WESTLAKE OH ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME MORIANA, ROCCO
STREET ADDRESS 22766 BRANDYWINE DR
CITY-ST-ZIP WOODLAND HILLS CA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME MAGAS, FRANCES M.
STREET ADDRESS 139 SHAKESPEARE LANE
CITY-ST-ZIP AVON OH 44011 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Francis M. Magas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 440-937-1856
Date Daytime Phone

CR2E034 (9/99)