

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 746280

FILED  
Sep 18, 2002  
Secretary of State

Entity Name: GLORIA MUSICAE, INC.

**Current Principal Place of Business:**

ST BONIFACE CHURCH  
MIDNIGHT PASS RD.  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3863  
SARASOTA, FL 342303863 US

**New Mailing Address:**

FEI Number: 59-1913814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAHNKE, BERNARD S  
8724 28TH ST CIR E  
PARRISH, FL 34219 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: FOWLER, TONY  
Address: 4244 MARIKA CT  
City-St-Zip: CORTEZ, FL 34215

Title: MD ( ) Delete  
Name: HAHNKE, BERNARD  
Address: 8724 28TH ST, CIRCLE E  
City-St-Zip: PARRISH, FL 34219

Title: DS ( ) Delete  
Name: KATTMANN, BETTE  
Address: 2306 HARRIER WAY  
City-St-Zip: NOKOMIS, FL 34275

Title: DP ( ) Delete  
Name: FLEMING, MILLICENT  
Address: 4713 VILLAGE GARDENS DR  
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete  
Name: FOWLER, ARDEN  
Address: 4244 MARINA COURT  
City-St-Zip: CORTEZ, FL 34215

Title: D ( ) Delete  
Name: HAHNKE, SANDRA  
Address: 8724 28TH ST, CIRCLE E  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ED (X) Change ( ) Addition  
Name: HAHNKE, BERNARD  
Address: 8724 28TH ST, CIRCLE E  
City-St-Zip: PARRISH, FL 34219

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD S HAHNKE

ED

09/18/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date