## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # 829793 SUPER SENSITIVE MUSICAL STRING CO. 02-05-2001 90048 008 \*\*\*150.00 Principal Place of Business Mailing Address 1805 APEX RD 1805 APEX RD SARASOTA FL 34240 SARASOTA FL 34240 914643 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2603811 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAVANAUGH, J V Street Address (P.O. Box Number is Not Acceptable) 1805 APEX RD SARASOTA FL 34240 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CAVANAUGH, GERALD J. NAME NAME 1605 MAIN STREET, STE. 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME CAVANAUGH J V NAME 3235 BLEK FINDLAY PLACE STREET ADDRESS 5831 RIEGELS HARBOR RD STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP SARASOTA, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME CAVANAUGH, ELLEN NAME 3235 ALEX FINDLAY PLACE STREET ADDRESS -5831 RIEGELS HARBOR RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL-CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: \( \)

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #