

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90508 017 ***150.00

DOCUMENT # F98000000467

1. Entity Name
GEORGIA MUSIC SUPPLY, INC.



Principal Place of Business
**4300-D HIGHLANDS PKWY., S.E.
SMYRNA GA 30082**

Mailing Address
**4300-D HIGHLANDS PKWY., S.E.
SMYRNA GA 30082**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1265999**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, AMY
317 S. NORTHLAKE BLVD., #1008
ALTAMONTE SPRINGS FL 32701**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DECOURCY, RICHARD F	
STREET ADDRESS	4300-D HIGHLANDS PKWY., S.E.	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DECOURCY, KENNETH N	
STREET ADDRESS	4300-D HIGHLANDS PKWY., S.E.	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SPENCER-DECOURCY, JULIE	
STREET ADDRESS	4300-D HIGHLANDS PKWY., S.E.	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANCHEZ, AMY G	
STREET ADDRESS	317 S. NORTHLAKE BLVD. #1008	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	P	<input type="checkbox"/> Delete
NAME	SNYDER, STEPHEN C	
STREET ADDRESS	4300 D HIGHLANDS PKWY SE	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie Spencer-Decourcy* **Sec/Treasurer 1/14/03 770 333-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)