

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G08210

1. Entity Name
SUNCOAST MUSIC PUBLICATIONS, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90111 027 ***150.00

Principal Place of Business

17513 EDINBURGH DR.
TAMPA FL 33647

Mailing Address

17513 EDINBURGH DR.
TAMPA FL 33647

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2236146**

Applied For
Not Applicable

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

GRANT, JOHN A JR
1715 N WESTSHORE BLVD.
TAMPA FL 33609

Delete

Name **Dale B. De Block**

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

17513 Edinburgh Dr.

City **Tampa**

FL

Zip Code **33647**

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, type or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **DEBLOCK, YVONNE H**
CITY-ST-ZIP **17513 EDINBURGH DR. TAMPA FL 33647**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **DEBLOCK, DALE B**
CITY-ST-ZIP **17513 EDINBURGH DR. TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dale B. De Block (pres.) **Apr. 24, 2001** **(813) 994-9443**

CR2E034 (10/00)