## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # H57386** Apr 27, 2000 8:00 am Secretary of State HUGO'S MUSIC INC. 04-27-2000 90070 020 \*\*\*150.00 Principal Place of Business Mailing Address 874 LITTLE BEND RD. 874 LITTLE BEND RD. ALTAMONTE SPRINGS FL 32714-7535 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address 4 CORTEZ ROAD WES 9604 CORTEZ ROAD WEST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc UITE 42 Applied For 4. FEI Number 59-2663968 Not Applicable RADE \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAGE. NATHEN 874 LITTLE BEND RD. **ALTAMONTE SPRINGS FL 32714** its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subs (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE PAGE, NATHEN PAGE, NATHEN NAME 9604 CORTEZ ROAD WEST, SUITE 426 STREET ADDRESS 874 LITTLE BEND RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RADENTON, FL 34210 ALTAMONTE SPGS. FL Change ☐ Addition TITLE ☐ Delete TITLE PAGE VIRGINIA SCHWARTZ PAGE, VIRGINIA SCHWARTZ NAME NAME 96 OF CORTEZ ROAD WEST, SUNE 426 STREET ADDRESS 874 LITTLE BEND RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>ALTAMONTE SPGS. FL</u> ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS 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 in Block 13 in Block 12 in Block 12