

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J98632

1. Entity Name

4 G'S MUSIC, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90112 050 ***150.00

Principal Place of Business

Mailing Address

7276 S. TAMiami TRL.
SARASOTA FL 34231

6979 SO TAMiami TRL.
SARASOTA FL 34231-5605

2. Principal Place of Business

3. Mailing Address

6979 SO. TAMiami TRL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FLA

City & State

Zip

34231

Country

Country

4. FEI Number

59-1963295

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

GRIGOLI, CARLAINE B
6979 SO TAMiami TRAIL
SARASOTA FL 34231

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P
NAME GRIGOLI, EDWARD
STREET ADDRESS 3501 RIVIERA
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE V
NAME GRIGOLI, MARK D
STREET ADDRESS 6828 JARVIS
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE V
NAME GRIGOLI, MARK
STREET ADDRESS 6249 AVENTURA DR.
CITY-ST-ZIP SARASOTA FLA 34241 ☒ Change ☐ Addition

TITLE ST
NAME GRIGOLI, CARLAINE
STREET ADDRESS 3501 RIVIERA
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 #

4-24-00

CR 11 014 (0001)