MAY-02-2001 10:11 2002

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State
05-24-2001 90493 018 ***150.00

DOCUMENT # K78973

1. Entity Name
Evelyn Mason
MASONS MUSIC

Principal Place of Business	Mailing Address
MASONS MUSIC	1039 5th AVE. N. NAPLES, FLA. 34102

[redacted]

2. Principal Place of Business	3. Mailing Address
MASONS MUSIC	1039 5th AVE. N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NAPLES, FLA.
Zip / Country	Zip 34102 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-012 3065 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~James Siesky Attn~~
1000 Tamiami Tr. N. Naples
STE 201
Naples Fla., 34102

7. Name and Address of New Registered Agent
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) ☐

[redacted]

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: D NAME: Evelyn Mason STREET ADDRESS: 736 92nd Ave N. CITY-ST-ZIP: Naples, Fla 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Evelyn Mason Evelyn Mason President 5/1/01 941-649-1986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

Corporation # K78973