

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83784

1. Entity Name

SUNSHINE MUSIC GROUP, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90028 046 ***150.00

Principal Place of Business

735 COLORADO AVE
7
STUART FL 34994
US

Mailing Address

PO BOX 2209
STUART FL 34995-2209
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0125043

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

MILLER, JOHN
2402 SW MONOR HILL DRIVE 5
PALM CITY FL 34990

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 PT
NAME HAZELDINE, MICHAEL
STREET ADDRESS 6082 SE LANDING WAY 5
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE PT
NAME HAZELDINE, MICHAEL
STREET ADDRESS 3577 SE DOUBLETON DRIVE
CITY-ST-ZIP STUART FL. 34997 ☒ Change ☐ Addition

TITLE VS
NAME MILLER, JOHN
STREET ADDRESS 2402 SW MANOR HILL DRIVE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

TITLE VS
NAME PEAT, WILFRED
STREET ADDRESS 1274 SW FOUNTAIN AVE
CITY-ST-ZIP PORT ST LUCIE FL ☐ Delete

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

TITLE VS
NAME STEIN, RONALD
STREET ADDRESS 615 COCONUT AVE
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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 #

3-16-00 (561) 286-5549

CR2E034 (9/99)