

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83784

1. Entity Name

SUNSHINE MUSIC GROUP, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90108 006 \*\*\*150.00

Principal Place of Business

735 COLORADO AVE  
7  
STUART FL 34994  
US

Mailing Address

PO BOX 2209  
STUART FL 34995  
US

00007233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0125043

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
PALM CITY FL 34990

Name

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

2402 SW MANOR HILL DRIVE

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, 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 PT ☐ Delete  
NAME HAZELDINE, MICHAEL  
STREET ADDRESS 3577 SE DOUBLETON DR  
CITY-ST-ZIP STUART FL 34997

TITLE VS ☐ Change ☒ Addition  
NAME EATOR, SHELDON  
STREET ADDRESS 2499 GRANT DR.  
CITY-ST-ZIP Ft. St. Lucie FL 34952

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *M. Hazeldine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. HAZELDINE

1-11-01

Date

(561) 286 5549

Daytime Phone #

CR2E034 (10/00)

0554814