

2002 UNIFORM BUSINESS REPORT (UBR)

0063018 AV

DOCUMENT # **K86772**

1. Entity Name

SIMS MUSIC & SOUND, INC.

FILED

02 OCT -9 PM 2:44

SECRET
TALLAH



Principal Place of Business

4908 NW 34TH ST.
SUITE 14 AND 15
GAINESVILLE FL 32605

Mailing Address

4908 NW 34TH ST.
SUITE 14 AND 15
GAINESVILLE FL 32605

2. Principal Place of Business

4000 Newberry Road
Suite I

3. Mailing Address

4000 Newberry Road
Suite I

City & State
Gainesville, FL

Zip
32607

Country
USA

City & State
Gainesville, FL

Zip
32607

Country
USA

4. FEI Number

59-2948556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FELDER, CHARLES G.
703 N.E. FIRST ST.
111 S.E. 1ST AVENUE
GAINESVILLE FL 32601

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **D** ☒ Delete
NAME **ASH, ALAN**
STREET ADDRESS **4149 NW 35TH STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **P** ☐ Delete
NAME **SIMS, JEFFREY F.**
STREET ADDRESS **4302 NW 20TH DR.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VP** ☐ Delete
NAME **LYNCH, STANLEY III**
STREET ADDRESS **7400 A1A SOUTH**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100008453531
10/18/02--01079--005 **550.00

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)