

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012151 AF

DOCUMENT # L99000004962

1. Entity Name

HARRIS MUSIC AND SOUND, L.L.C.

00 MAY -3 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

707 NORTH PACE BLVD.
PENSACOLA FL 32505

Mailing Address

707 NORTH PACE BLVD.
PENSACOLA FL 32505-7503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

657 N. Pace Blvd

Suite, Apt. #, etc.

3. Mailing Address

657 N. Pace Blvd

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32505

Country

USA

City & State

Pensacola, FL

Zip

32505

Country

USA

4. FEI Number

59-2068101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, RONALD

707 NORTH PACE BLVD.

PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name

Harris, Ronald

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

657 N. Pace Blvd

City

Pensacola

FL

Zip Code

32505

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

Ronald Harris (MGRM)
(Owner)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM
HARRIS, RONALD
STREET ADDRESS 707 NORTH PACE BLVD.
CITY-ST-ZIP PENSACOLA FL 32505

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ronald Harris, MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

850-434-6977

CR2E083 (9/99)