

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004712

1. Entity Name

NEW LEVEL GOSPEL MUSIC & BOOKS, INCORPORATED

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90003 022 ****61.25

Principal Place of Business

869 DERBYSHIRE ROAD
DAYTONA BEACH FL 32117

Mailing Address

869 DERBYSHIRE ROAD
DAYTONA BEACH FL 32117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2214608

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

TRIPLETT, DEREK T
448 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRIPLETT, DEREK T
448 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRIPLETT, TRACEY A
448 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LISTENBEE, MARION
448 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NOTARIZED REQUIRED

5-1-01

386-756 1011

CR2E037 (10/00)