

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000007650****1. Entity Name**
PROFESSIONAL DISC JOCKEY ASSOCIATION OF TAMPA BAY, INC

Principal Place of Business 12805 PINTAIL COURT RIVERVIEW FL 33569	Mailing Address 12805 PINTAIL COURT RIVERVIEW FL 33569
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2. Principal Place of Business
Suite, Apt. #, etc.

City & State

Zip Country**3. Mailing Address**
Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
☐ 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**SMEATON JAMES
12805 PINTAIL COURTRIVERVIEW FL
33569

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** **09/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D NAME LUCAS KENDAL STREET ADDRESS 12805 PINTAIL COURT CITY-ST-ZIP RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE DT NAME AMESTONE CHUCK STREET ADDRESS 12805 PINTAIL COURT CITY-ST-ZIP RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE DS NAME SNYDER ROB STREET ADDRESS 12805 PINTAIL COURT CITY-ST-ZIP RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE DV NAME FRITCHER LEE STREET ADDRESS 12805 PINTAIL COURT CITY-ST-ZIP RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE DP NAME SMEATON JIM STREET ADDRESS 12805 PINTAIL COURT CITY-ST-ZIP RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Jim Smeaton DP 09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)