

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006854

1. Entity Name

MUSIC MISSIONS INTERNATIONAL, INC.

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 90707 050 ****61.25

Principal Place of Business

Mailing Address

1450 E. JOHNSON AVENUE
PENSACOLA FL 32514

P.O. BOX 9788
PENSACOLA FL 32513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3434078

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PST
NAME COOLEY, LINDELL
STREET ADDRESS 4792 SCHAAG RD
CITY-ST-ZIP PENSACOLA FL 32577 ☐ Delete

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

TITLE D
NAME FRANKS, PAT
STREET ADDRESS 1623 SHAWNEE AVE
CITY-ST-ZIP BIG STONE GAP VA 24219 ☐ Delete

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

TITLE D
NAME MORRIS, LARRY
STREET ADDRESS 316 S BAYLEN STE 600
CITY-ST-ZIP PENSACOLA FL 32581 ☐ Delete

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

TITLE D
NAME SAYLOR, HARRY
STREET ADDRESS 29 HONEYSUCKLE DR
CITY-ST-ZIP WINFIELD AL 35594 ☐ Delete

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

TITLE D
NAME COOLEY, EUGENE
STREET ADDRESS 369 RIDGE RD
CITY-ST-ZIP GOLDEN MS 38847 ☐ Delete

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

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:

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

5/12/02
Date

850-479-9981
Daytime Phone #

CR2E037 (9/01)