

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2001 8:00 am
Secretary of State

06-18-2001 90001 007 ***150.00

DOCUMENT # P00000001517
 1. Entity Name
JUNIPER RECORDS
PETER SCHLEGEL, PRESIDENT

Principal Place of Business Mailing Address
1700 S. ESTRELLA CT # 202
PBG, FL
 NOTE: NEW ADDRESS!

2. Principal Place of Business Mailing Address
1036 PALAMA WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LANTANA, FL
 Zip Country Zip Country
33462 USA

4. FEI Number Applied For
65-1005773 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



77934

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PETER SCHLEGEL
1036 PALAMA WAY
LANTANA, FL 33462

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 *Peter Schlegel* DATE **8/14/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

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
 As of MAY 12, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PETER SCHLEGEL 1036 PALAMA WAY LANTANA, FL 33462	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 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: *Peter Schlegel* DATE **6/5/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #