

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90092 016 ***550.00

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DOCUMENT # P00000008710

1. Entity Name
GLORYFIRE MUSIC INC.



Principal Place of Business
**3937 SOUTEL DRIVE
JACKSONVILLE FL 32208
US**

Mailing Address
**6939 REST LAWN
JACKSONVILLE FL 32208
US**

2. Principal Place of Business

3. Mailing Address

PO BOX 9578

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jax, FL

Zip

Country

Zip

32208

Country

Duval

4. FEI Number **59-3621249**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYNES, EZEKIEL III
6939 REST LAWN DR
JACKSONVILLE FL 32208**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SEYMORE, LEON JR
6753 KINLOCKE DR
JACKSONVILLE FL 32219** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SEYMORE, LEON JR
6753 KINLOCKE DR
JAX, FL 32219** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HAYNES, EZEKIEL III
6939 RESTLAW DR
JACKSONVILLE FL 32208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HAYNES, EZEKIEL III
6627 KINLOCKE DR
JAX, FL 32219** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HAYNES, MICHELLE
6939 RESTLAWN DRIVE
JACKSONVILLE FL 32208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HAYNES, MICHELLE
6627 KINLOCKE DR
JAX, FL 32219** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SEYMORE, COUSHATTA MRS.
6753 KINLOCKE DR.
JACKSONVILLE FL 32219** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
SEYMORE, LEON SR
4100 BEVERLY AVE
JACKSONVILLE FL 32208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FM
SEYMORE, LEON SR
4100 BEVERLY AVE
JAX, FL 32208** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SEYMORE, VIVIAN J
4100 BEVERLY AVE
JACKSONVILLE FL 32208** ☐ Delete

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 607, 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

Date

Daytime Phone #

CR2E034 (4/03)