

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026869

1. Entity Name
Roundabout Records Inc.

Principal Place of Business

5200 N Fed Hwy
Suite 2 1072
Fort Lauderdale

Mailing Address

Po Box 1373 Pompano
Florida 33061

2. Principal Place of Business

5200 N Federal Hwy

3. Mailing Address

Po 1373

Suite, Apt. #, etc.

Suite 2 1072

Suite, Apt. #, etc.

City & State

Fort Lauderdale Florida

City & State

Pompano Florida

Zip

33308

Country

Broward

Zip

33061

Country

Broward

4. FEI Number

65-0994905

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Patrick Smith
5200 N Federal Hwy Suite 2 1072 Fort Lauderdale
Florida 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800004616888-8

City

10/01/01 01010-908
****558.FL5 ****558.75

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

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
After MAY 1, 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

TITLE D
NAME Patrick Smith
STREET ADDRESS 5200 N Federal Hwy Suite 2 1072
CITY-ST-ZIP Fort Lauderdale FL 33308

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
01 SEP 24 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)