

2001 UNIFORM BUSINESS REPORT (UBR)

9/5/01-90091-001-\$550.00-\$550.00
9/5/01-90091-002-\$8.75-\$8.75

9530800

DOCUMENT # P00000030293
1. Entity Name
THUG LIVING RECORDS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 28 PM 3:18

Principal Place of Business Mailing Address
1842 QUINCY STREET SOUTH 1842 QUINCY STREET SOUTH
SAINT PETERSBURG FL 33711 SAINT PETERSBURG FL 33711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1842 Quincy Sts
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State St Petersburg FL
Zip 33711 Country Pinellas

4. FEEL Number 59-3738729 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 reappointing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	Thug Living Records	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Hazel Jernigan President		NAME		
STREET ADDRESS	1842 Quincy St S		STREET ADDRESS		
CITY-ST-ZIP	St Petersburg FL 33711		CITY-ST-ZIP		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Thug Living Records		NAME		
STREET ADDRESS	Solemar Jernigan Co President		STREET ADDRESS		
CITY-ST-ZIP	1842 Quincy St S		CITY-ST-ZIP		
TITLE	St Petersburg FL 33711	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Co President		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED Hazel Nelson Jernigan 8/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0125004 (5/01)