2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90059 033 ***150.00

001469 AV

DOCUMENT # P00000030663

1. Entity Name
FLORIDA KEYS MUSIC, INC.

Principal Place of Business	Mailing Address
3853 S. NOVA RD.	3853 S. NOVA RD.
PORT ORANGE FL 32127	PORT ORANGE FL 32127

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3340 S. RIDGEWOOD AVE		3340 S. RIDGEWOOD AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PORT ORANGE, FL		City & State: PORT ORANGE, FL.	
Zip: 32129	Country: USA	Zip: 32129	Country: USA

4. FEI Number 59-3650775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHANCO, JOHN
~~3853 S NOVA RD~~ 3340 S. RIDGEWOOD AVE.
PORT ORANGE FL ~~32127~~ 32129

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

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	PHANCO, JOHN		NAME		
STREET ADDRESS	502 BOXWOOD LANE		STREET ADDRESS	6431 SPRUCE CREEK RD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	PORT ORANGE, FL. 32127	
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		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 1-20-03 386-760-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #