

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90014 013 ***150.00

DOCUMENT # P00000054853

1. Entity Name

A+ MUSIC & EDUCATION CENTER, INC.

Principal Place of Business

**1623 WEST SHORES ROAD
MELBOURNE FL 32935**

Mailing Address

**1623 WEST SHORES ROAD
MELBOURNE FL 32935**

2. Principal Place of Business

231 E. NEW HAVEN AVE.

Suite, Apt. #, etc.

3. Mailing Address

231 E. NEW HAVEN AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE, FL

City & State
MELBOURNE, FL

4. FEI Number
59-3649911

Applied For
Not Applicable

Zip
32901

Country
BREVARD

Zip
32901

Country
BREVARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRANG, KEVIN D
1623 WEST SHORES ROAD
MELBOURNE FL 32935**

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 re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANG, KEVIN D 1623 WEST SHORES ROAD MELBOURNE FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *X Kevin D. Strang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN D. STRANG

X **2/22/01** **321-676-2700**
Date Daytime Phone #

CR2E034 (10/00)