

2001  
2000 **UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
05-23-2001 91187 008 \*\*\*150.00

DOCUMENT # ~~0000000~~ 57076

1. Entity Name:  
**SHARONE RECORDS, Inc.**

Principal Place of Business

**427 S. Parramore Ave  
Orlando, Fla 32805**

Mailing Address

**427 S Parramore Ave  
Orlando, Fla 32805**

2. Principal Place of Business

**427 S. Parramore Ave**

3. Mailing Address

**427 S. Parramore Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando Fla**

City & State

**Orlando Fla**

4. FEI Number

**59-3643918**

Applied For

Not Applicable

Zip

**32805**

Country

**Orange**

Zip

**32805**

Country

**Orange**

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

DO NOT WRITE IN THIS SPACE

00070193

6. Name and Address of Current Registered Agent

**Timothy McCord  
427 South Parramore Ave  
Orlando Fla 32805**

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 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 ☐ Delete  
NAME **Treasurer/Secretary**  
STREET ADDRESS **Johnnie Gillens Davis**  
CITY-ST-ZIP **2054 Jacob place #D  
Orlando, Fla. 32805**

TITLE ☐ Delete  
NAME **President**  
STREET ADDRESS **J D Davis Jr**  
CITY-ST-ZIP **2054 Jacobs Place #D  
Orlando, Fla 32805**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 no 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: **Johnnie Gillens Davis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C : DIRECTOR

**4-30-2001 407-422-3650**  
Date Daytime Phone #

CR2E034 (9/99)