

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90094 042 \*\*\*150.00

**DOCUMENT # P00000057076**

1. Entity Name  
**SHARONE RECORDS, INC.**

Principal Place of Business  
**427 S. PARRAMORE AVENUE**  
**ORLANDO FL 32805**

Mailing Address  
**427 S. PARRAMORE AVENUE**  
**ORLANDO FL 32805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3643918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MCCORD, TIMOTHY**  
**427 S. PARRAMORE AVENUE**  
**ORLANDO FL 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. I am familiar with, and accept the obligations of registered agent.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DAVIS, JOHNNIE G 2054 JACOB PLACE #D ORLANDO FL 32805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JD 2054 JACOBS PLACE #D ORLANDO FL 32805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

**SIGNATURE: SHARONE RECORDS, INC. DAVIS** **9-18-02** **407-579-2030**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



Attachment

# R000000057076  
SHARONE RECORDS Inc.

TO WHOM IT MAY CONCERN:

A REPRESENTATIVE AT THE CORPORATIONS SECTION OF THE DEPARTMENT OF STATE INFORMED ME TO ENCLOSE A CHECK FOR THE ORIGINAL FEE OF \$150.00 AND AN EXPLANATION FOR REQUESTING WAIVER OF THE LATEFEE.

I REQUEST WAIVER OF THE LATE FEE FOR THE FOLLOWING:

1. SHARONE RECORDS IS A MINORITY OWNED GOSPEL RECORD LABEL INCORPORATED IN 2000 OUT OF NECESSITY (TO SHOW DISTRIBUTORS YOU WERE IN PLACE TO DO BUSINESS AND TO PROTECT NAME).

IN 2001 WE DEVELOPED A CD AND TESTED IT LOCALLY (LESS THAN \$500) IN SALES).

2. WE HAVE NOT BEEN IN BUSINESS, IT WAS NECESSARY TO INCORPORATE IF WE WANTED TO ATTRACT NATIONAL AND INTERNATIONAL DISTRIBUTORS. THAT HAS BEEN DONE AND ON SEPTEMBER 3rd, 2002 OUR FIRST CD WENT ON SALE AND BEGAN AIRING ON RADIO NATIONWIDE. WE ARE NOW A BUSINESS AND WILL BE ABLE TO COMPLY FULLY, IN 2003, WITH ALL RULES AND REGULATIONS APPLICABLE TO BEING A CORPORATION IN THE STATE OF FLORIDA.

3. THE FINAL ANALYSIS IS THAT WE/I DONOT HAVE ANY FUNDS COMING IN AND HAVE ONLY HAD THE SALES MENTIONED ABOVE. THE ENCLOSED MONEY ORDER IS MY PERSONAL MONEY AND LATENESS OF MY SENDINGG THESE MONIES SHOWS HOW HARD IT WAS TO PUT THIS MONEY TOGETHER.

SIMPLY PUT I NEED A WAIVER. I AM NOT ABLE TO PAY THE LATE FEE AND TO PENALIZE ME WOULD DESTROY WHAT HAS JUST STARTED.

I REQUEST A ONE TIME WAIVER OF THE LATE FEE THAT IS DUE FOR 2002.

JD DAVIS, President