

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063386

1. Entity Name

YAHWEH RECORDS INCORPORATED

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90024 049 ***158.75

Principal Place of Business

3101 S.W. 34TH AVENUE, SUITE 905
PMB 357
OCALA FL 34474

Mailing Address

3101 S.W. 34TH AVENUE, SUITE 905
PMB 357
OCALA FL 34474

80053001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3101 SW 34 Avenue

Suite, Apt. #, etc.

Suite 905, PMB 257

City & State

Ocala, Florida

Zip

34474

Country

USA

3. Mailing Address

3101 SW 34 Avenue

Suite, Apt. #, etc.

Suite 905, PMB 257

City & State

Ocala, Fla

Zip

34474

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARKE, CHRISTOPHER K
1301 N.E. 14TH STREET
OCALA FL 34470

7. Name and Address of New Registered Agent

Name Peter J. Sziklai

Street Address (P.O. Box Number is Not Acceptable)

1301 NE 14 Street, Suite 4

City

Ocala

FL

Zip Code

34470

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

Peter J. Sziklai

(Peter J. Sziklai)

April 30, 2001

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 D ☐ Delete
NAME MYERS, MICHAEL B
STREET ADDRESS 3101 S.W. 34TH AVE., SUITE 905, PMB 257
CITY-ST-ZIP Ocala FL 34474

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/Asst. C.E.O. ☒ Change ☐ Addition
NAME Myers, Michael B.
STREET ADDRESS 3101 SW 34 Ave., Suite 905, PMB 257
CITY-ST-ZIP Ocala, Florida 34474

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

TITLE Lead Counsel ☐ Change ☒ Addition
NAME Peter J. Sziklai
STREET ADDRESS 1301 NE 14 Street, Suite 4
CITY-ST-ZIP Ocala, Florida 34470

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

TITLE D/C.E.O. ☐ Change ☒ Addition
NAME LORD Yahweh
STREET ADDRESS 3401 SW 34 Ave., Suite 905 PMB 257
CITY-ST-ZIP Ocala, Florida 34474

TITLE Secretary ☐ Change ☒ Addition
NAME Mary A. Hackett
STREET ADDRESS 6160 S Magnolia Ave
CITY-ST-ZIP Ocala, Florida 34474

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B. Myers MICHAEL B. MYERS

Date

5/1/01

Daytime Phone

352-873-8198
813-386-9312
352-208-0056
Cell

CR2E64 (10/00)