9/6/01-0-0

FILED
Sep 21, 2001 8:00 am
Secretary of State
09-06-2001 90246 041 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071000

1. Entity Name
PONTE VEDRA PIANO ACADEMY, INC.

Principal Place of Business	Mailing Address
880 ST RD A1A PONTE VEDRA BEACH FL 32082	880 ST RD A1A PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Ponte Vedra Piano Academy	Ponte Vedra Piano Academy
Suite, Apt. #, etc. 880 N. A1A, Suite 9	Suite, Apt. #, etc. 880 N. A1A, Suite 9
City & State Ponte Vedra, Florida	City & State Ponte Vedra, Florida
Zip 32082 Country	Zip 32082 Country

4. FEI Number 59-3667478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GENNUSA, ANNE MARIE
200 EXECUTIVE WAY, STE 201
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent
Name: Randal C. Fairbanks
Street Address (P.O. Box Number is Not Acceptable): Suite 200
217 Ponte Vedra Park Drive
City: Ponte Vedra Beach FL Zip Code 32082

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 Randal C. Fairbanks / Randal C. Fairbanks 8/22/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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	Jan McAmis 295 N. Mill View Way Ponte Vedra, Fl. 32082 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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 all other like empowered.

SIGNATURE: Jan McAmis Aug 29, 2001 904-543-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #