

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90521 035 ***158.75

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DOCUMENT # P00000071764

1. Entity Name
FALLEN BRICK RECORDS, INC.



Principal Place of Business
**24103 NW 126TH LANE
HIGH SPRINGS FL 32643-3605**

Mailing Address
**24103 NW 126TH LANE
HIGH SPRINGS FL 32643-3605**

11018002



2. Principal Place of Business
**1105 FORT CLARKE BLVD.
Suite, Apt. #, etc.
APT 312**

3. Mailing Address
**PO BOX 14845
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE, FL
Zip
32606
Country
USA

City & State
GAINESVILLE, FL
Zip
32604-4845
Country
USA

4. FEI Number **59-3662521**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ASHCRAFT, JOHN R JR.
24103 NW 126TH LANE
HIGH SPRINGS FL 32643-3605**

7. Name and Address of New Registered Agent

Name **JOHN R. ASHCRAFT, JR.**
Street Address (P.O. Box Number is Not Acceptable)
1105 FORT CLARKE BLVD., APT 312
City **GAINESVILLE** FL **32606**

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 **JOHN R. ASHCRAFT, JR.** DATE **4-24-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ASHCRAFT, JOHN 24103 NW 126TH LANE HIGH SPRINGS FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ASHCRAFT, CATHERINE C 24103 NW 126TH LANE HIGH SPRINGS FL 32643	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 FORT CLARKE BLVD., APT 312 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 FORT CLARKE BLVD., APT 312 GAINESVILLE, FL 32606
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN R. ASHCRAFT, JR.** DATE **4-24-03** (352) 514-7754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)