

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90002 006 ***550.00

DOCUMENT # P00000084381

1. Entity Name

SPIRIT BOOKS & MUSIC, INC.

Principal Place of Business

**12428 HOLLY JANE CT.
 ORLANDO FL 32824**

Mailing Address

**12428 HOLLY JANE CT.
 ORLANDO FL 32824**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2471 Michigan Ave

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

Zip

Country

34743

USA

Zip

Country

4. FEI Number

59-3672637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FONT, RODOLFO O
 12428 HOLLY JANE CT.
 ORLANDO FL 32824**

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.

(NOT)

Registered Agent's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FONT, RODOLFO O**
 STREET ADDRESS **12428 HOLLY JANE CT.**
 CITY-ST-ZIP **ORLANDO FL 32824**

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

TITLE **VD** ☐ Delete
 NAME **FONT, JOEL**
 STREET ADDRESS **3113 CRYSTAL CREEK BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **TD** ☐ Delete
 NAME **FONT, OMAIRA**
 STREET ADDRESS **12428 HOLLY JANE CT.**
 CITY-ST-ZIP **ORLANDO FL 32824**

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

TITLE **SD** ☐ Delete
 NAME **FONT, LILLIAM**
 STREET ADDRESS **3113 CRYSTAL CREEK BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 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 another like empowered

SIGNATURE: *Lillian Font*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)