2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P00000093907 03-15-2001 90025 023 ***150.00 SOLLIE'S MUSIC CO., INC. Principal Place of Business Mailing Address 4021 W. 17TH ST. 4021 W. 17TH ST. 0 2 2 2 2 PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CULVERHOUSE, JAMES S Street Address (P.O. Box Number is Not Acceptable) 4021 W. 17TH ST. PANAMA CITY FL 32401 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. 3-13-21 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intampible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT 3R2E034 (10/00) TDE TITLE ☐ Addition ☐ Delete JAMES SI CRILVER HOUSE NAME 4021 WITH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PAJAMA CITY, FLE, 32401 VICE BRESIDENT TITLE TITLE ☐ Change ☐ Addition □ Detete WICHAEL BY CONFERHOUSE NAME NAME STREET ADORESS STREET ADDRESS HOZI WIITHNOH. CITY-ST-ZIP CITY-ST-ZIP PAHAMA CUTY FLA. m e Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP scene that , treasurer TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME SHOIZA CULVERHOUSE STREET ADDRESS STREET ADDRESS HOZI WITH SHI CITY-ST-ZIP CITY-ST-ZIP bundant cills TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

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