

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90079 017 ***550.00

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DOCUMENT # P00000093907

1. Entity Name
SOLLIE'S MUSIC CO., INC.



Principal Place of Business
4021 W. 17TH ST.
PANAMA CITY FL 32401

Mailing Address
4021 W. 17TH ST.
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3212501**

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

CULVERHOUSE, JAMES S
4021 W. 17TH ST.
PANAMA CITY FL 32401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James S. Culverhouse

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CULVERHOUSE, JAMES	
STREET ADDRESS	4021 W 17TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CULVERHOUSE, MICHAEL P	
STREET ADDRESS	4021 W 17TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CULVERHOUSE, SHEILA	
STREET ADDRESS	4021 W 17TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James S. Culverhouse
JAMES S. CULVERHOUSE

9-9-03

850-747-1579

Date

Daytime Phone #

CR2034 (4/03)