

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90076 043 ***150.00

DOCUMENT # P01000070966

1. Entity Name
FOUNDATION RECORDS, INC.

Principal Place of Business

**6340 TARAWE DR.
 SARASOTA FL 34241**

Mailing Address

**6340 TARAWE DR.
 SARASOTA FL 34241**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6340 Tarawa Drive
 Suite, Apt. #, etc.

3. Mailing Address

6340 Tarawa Drive
 Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota

4. FEI Number

Applied For

☒ Not Applicable

Zip
34241

Country

U.S.

Zip

34241

Country

U.S.

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

6. Name and Address of Current Registered Agent

**SHIMA, CHERAY
 6340 TARAWE DR.
 SARASOTA FL 34241**

7. Name and Address of New Registered Agent

Name **Cheray Keyes-Shima**
 Street Address (P.O. Box Number is Not Acceptable)
6340 Tarawa Drive
 City **Sarasota** FL Zip Code **34241**

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 **Cheray Keyes-Shima**

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

Cheray Keyes-Shima

(NOTE: Registered Agent signature required when reinstating)

April 19, 2002

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, 2002 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

TITLE **D** ☐ Delete
 NAME **SHIMA, MICHAEL JAMES**
 STREET ADDRESS **6340 TARAWE DR.**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 another like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **(541) 7240992**
 Date Daytime Phone #

CR2E034 (9/01)