

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90088 027 ***150.00

DOCUMENT # P02000097296



1. Entity Name
ELECTRONIC PIANO & ORGAN SERVICE CO.

Principal Place of Business
1543A DOTY CIRCLE
PANAMA CITY FL 32404

Mailing Address
1543A DOTY CIRCLE
PANAMA CITY FL 32404

2. Principal Place of Business
1543 Doty Circle
Suite, Apt. #, etc.
A

3. Mailing Address
1543 Doty Circle
Suite, Apt. #, etc.
A

City & State
PANAMA CITY, FL
Zip
32404
Country
USA

City & State
PANAMA CITY, FL
Zip
32404
Country
USA

4. FEI Number
90-0052819

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGLEMAN, RONALD
1543A DOTY CIRCLE
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ **Delete**
NAME
SPIEGLEMAN, RONALD
STREET ADDRESS
1543A DOTY CIRCLE
CITY-ST-ZIP
PANAMA CITY FL 32404

TITLE
VD ☐ **Delete**
NAME
SPIEGLEMAN, CASSANDRA
STREET ADDRESS
1543A DOTY CIRCLE
CITY-ST-ZIP
PANAMA CITY FL 32404

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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TITLE ☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald A. Spieglerman **4-6-03** **850-871-5729**
Date **Daytime Phone #**

CR2E034 (10/02)