

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010191

1. Entity Name  
HULLINGER MUSIC STORE, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90048 031 \*\*\*150.00

Principal Place of Business  
535 13TH STREET WEST  
BRADENTON FL 34205

Mailing Address  
535 13TH STREET WEST  
BRADENTON FL 34205

34205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
~~1218-795 S.W.~~  
Suite, Apt. #, etc.  
Bradenton FL  
City & State  
39209

3. Mailing Address  
~~1218-795 S.W.~~  
Suite, Apt. #, etc.  
Bradenton FL  
City & State  
39209

4. FEI Number 65-0380729  
Applied For  
Not Applicable

Zip Country  
39209 Manatee

Zip Country  
39209 Manatee

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

6. Name and Address of Current Registered Agent  
HULLINGER, REBECCA JANE  
535 13TH STREET WEST  
BRADENTON FL 34205

7. Name and Address of New Registered Agent  
Name  
Hullinger, Rebecca Jane  
Street Address (P.O. Box Number is Not Acceptable)  
PO Box 15049  
City Bradenton FL 39209

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
HULLINGER, REBECCA J 535 13TH STREET WEST BRADENTON FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
Change of Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P.O. Box 15049 Bradenton, FL 39209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: SIGNATURE OF REGISTERED AGENT 4/12/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)