

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009154

1. Entity Name

BIG AL'S RECORDS & TAPES CORPORATION

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90041 002 ***150.00

Principal Place of Business

**5580 NORWOOD AVE.
JACKSONVILLE FL 32208**

Mailing Address

**5580 NORWOOD AVE.
JACKSONVILLE FL 32208**

2. Principal Place of Business

5258 NORWOOD AVE

Suite, Apt. #, etc.

14

3. Mailing Address

5258 NORWOOD AVE

Suite, Apt. #, etc.

14

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32208

Country

Zip

32208

Country

4. FEI Number

59-3166169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ANGELYN
4225 NOTTER AVE.
JACKSONVILLE FL 32206**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, ALFRED	
STREET ADDRESS	4225 NOTTER AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SMITH, ANGELYN	
STREET ADDRESS	4225 NOTTER AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ERIC, MOSS	
STREET ADDRESS	1131 GRANT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Smith, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Gilmore	
STREET ADDRESS	4225 Notter Ave	
CITY-ST-ZIP	Jacksonville, FL-32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Angelyn Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 3, 2001
Date

904-765-2830
Daytime Phone #

CR2E034 (10/00)