

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043005

1. Entity Name

ZEPHYR MUSIC PRODUCTION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90011 024 ***150.00

Principal Place of Business

108 OAKWOOD VILLAGE CIRCLE
DAYTONA BEACH FL 32119
US

Mailing Address

P.O. BOX 90361
SAN ANTONIO TX 78209-9083

2. Principal Place of Business

2305 LA ROSA LANE

3. Mailing Address

P.O. Box 10484

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH, FLA.

City & State

DAYTONA BEACH, FLA.

4. FEI Number

59-3190705

Applied For

Not Applicable

Zip

Country

32119

U.S.

Zip

Country

32120

U.S.

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

GUNTARP, PAUL M JR
185 CYPRESS POINT PARKWAY
SUITE 6
PALM COAST FL 32137

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS KOLBY, ALAN
CITY-ST-ZIP PO BOX 10451 N/A
DAYTONA BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 10484
CITY-ST-ZIP DAYTONA BEACH, FLA. 32120

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALAN KOLBY

5 APRIL 00 (904) 788-2474

CR2E034 (9/99)