

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067297

1. Entity Name
COCONUT MUSIC CO.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90007 019 ***150.00

Principal Place of Business Mailing Address
SAN JOSE DR 28 SAN JOSE DR
BCH. FL 32176 ORMOND BCH. FL 32176-2414

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 15-4446360
Applied For
Not Applicable

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

SMITH, ELLIOTT J
28 SAN JOSE DR
ORMOND BCH. FL 32176

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (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, 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 PVST
NAME SMITH, ELLIOTT J
STREET ADDRESS 28 SAN JOSE DR
CITY-ST-ZIP ORMOND BCH. FL 32176

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SMITH, ELLIOTT J
STREET ADDRESS 28 SAN JOSE DR
CITY-ST-ZIP ORMOND BCH. FL 32176

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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 all other like empowered.

SIGNATURE:

Elliot J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2000 9044415761

CR2E034 (9/99)