

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90197 024 ***150.00

DOCUMENT # P94000017040

1. Entity Name

MORRELL MUSIC OF KEY WEST, INC.

Principal Place of Business

**513 TRUMAN AVENUE
 KEY WEST FL 33040**

Mailing Address

**513 TRUMAN AVENUE
 KEY WEST FL 33040**

00160067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0470986

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLAUSON, MICHELLE C
 422 FLEMING STREET
 KEY WEST FL 33040**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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** ☐ Delete
 NAME **MORRELL, ANITA**
 STREET ADDRESS **1411 ELIZA ST.**
 CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

ANITA MORRELL **ANITA MORRELL** 6-4-01 305-304-3171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

*Attachment
R# PR/000/7040*

Morrell Music of Key West, Inc.
513 Truman Ave. Key West, FL 33040
(305) 296-0954

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

7-6-02

Dear Sir or Madam,

We did not receive the first mailing requesting report and fee. Please accept this filing and our payment.

Thank you,



Anita Morrell
President
Morrell Music of Key West, Inc.