

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000071543**

1. Entity Name

A MERRY MINSTREL SINGING TELEGRAM, INC.**FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90086 004 ***150.00

0052570

Principal Place of Business

1225 BENNETT DR # 18
LONGWOOD FL 32750

Mailing Address

998 ELM ST
OVIEDO FL 32765

2. Principal Place of Business

998 Elm Street

3. Mailing Address

998 Elm Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

oviedo, Florida

City & State

oviedo, Florida

Zip

32765

Country

Zip

32765

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3270632

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, MICHELE
998 ELM ST
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BALL, MICHELE**
STREET ADDRESS **998 ELM ST**
CITY-ST-ZIP **OVIEDO FL 32765**TITLE **D** ☐ Delete
NAME **PETERSON, JEFF**
STREET ADDRESS **998 ELM ST**
CITY-ST-ZIP **OVIEDO FL 32765**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **michele Peterson**
STREET ADDRESS **998 Elm Street**
CITY-ST-ZIP **oviedo, FL 32765**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 I'm empowered.

SIGNATURE:

Michele Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00 407971-2279

Date

Daytime Phone #

CR2E034 (10/00)