## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000003001**

## A DIRT CHEAP MUSIC 'N' STUFF, INC.

Principal Place of Business

Mailing Address

SW 143RD LANE RD.

3184 SW 143RD LANE RD.

A FL 34473		OCALA FL 34473									
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Principal Place of Business		3.	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7		DO NOT WRITE IN TH	HIS SPACE		
City & State			City & State		4.		FEI Number	59-3287518	<u> </u>	Applied For Not Applicable	
Zip	Country		Zip	Coun	try	5.	Certificate c	f Status Desired	\$8.75 Add Fee Require		
6.	6. Name and Address of Current Registered Agent					7.	Name and	Address of New Register	ed Agent		
					Name					<u>-</u>	
	, MICHAEL D 143RD LANE RD.			Street Address (P.O. Box Numb			is Not Acceptable).				
OCALA FL	. 34473	<del>,</del>		·	سيود ، دوسد	<del>-</del>	** ~.		, <u>, , , , , , , , , , , , , , , , , , </u>		
					City			F	Zip Cod	e	
IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					d Agent signature requ	ired when	reinstating)	DAT .	TE		
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. Make Check Payable to Department of				10. Elec Trus	tion Campaign Financing t Fund Contribution.		<b>0</b> May Be I to Fees	
1.	OFFICERS /	AND DIREC	CTORS	12.		A	DDITIONS/	CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11	
ITLE DPV	t Log, rick a		☐ Delete	TITLE				•	☐ Change	Addition	
TREET ADDRESS 651	1 SE 25 AVE NLA FL				ET ADORESS - ST-ZIP			•			
TITLE		_	☐ Delete	TITLE		_		,	☐ Change	Addition	
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STY-ST-ZIP					-ST-ZIP						
ITLE	· · · · · · · · · · · · · · · · · · ·	<u></u>	☐ Delete	TITLE					☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP	-		ا های است. است. است.	• •	ET ADDRESS -ST-ZIP	<del></del>	<b></b>	ş <u>-</u> 5 _4		_	
			[7] [8]	TITLE	· · · · · · · · · · · · · · · · · · ·			<del></del>	Channe	[] Addition	

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

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

Addition

**FILED** 

May 12, 2000 8:00 am Secretary of State

05-12-2000 90055 002 \*\*\*150.00