

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90037 031 \*\*\*150.00

**DOCUMENT # P95000029389**

1. Entity Name

**LYRESONG MUSIC, INC.**

Principal Place of Business

**5651 SE WINGED FOOT DR.  
 STUART FL 34997**

Mailing Address

**P.O. BOX 1206  
 PORT SALERNO FL 34992**

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 **65-0621750**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RICHARDSON, BARBARA H**  
**5651 SW WINGED FOOT DR**  
**STUART FL 34997**

*SEE ABOVE*

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 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KARRAS, HARRY G DR</b>	
STREET ADDRESS	<b>4500 CARMEL RD.</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28626</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, ROBERT B SR</b>	
STREET ADDRESS	<b>5651 WINGED FOOT DRIVE</b>	
CITY-ST-ZIP	<b>STUART, FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, BARBARA</b>	
STREET ADDRESS	<b>5656 WINGED FOOT DRIVE</b>	
CITY-ST-ZIP	<b>STUART, FL 34997</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Barbara H Richardson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-12-01 561-284-4224*  
 Date Daytime Phone #

*BARBARA H RICHARDSON - SECTY / TREAS.*

0631129

CR2E034 (10/00)