

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90283 042 ***150.00

DOCUMENT # P95000032939

1. Entity Name
KK MUSIC SERVICE, INC.

Principal Place of Business

Mailing Address

~~958 S DIXIE HWY~~
~~LANTANA FL 33462~~
~~US~~

~~958 S DIXIE HWY~~
~~LANTANA FL 33462~~
~~US~~

552409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1025 SO. L STREET

Suite, Apt. #, etc.

3. Mailing Address

1025 SO. L STREET

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number **65-0593453**

Applied For

Not Applicable

Zip

Country

33460

USA

Zip

Country

33460

USA

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

Name **KYOSTI KOTTONER**

Street Address (P.O. Box Number is Not Acceptable)

1025 SO. L STREET

City **LAKE WORTH FL**

Zip Code **33460**

~~JAAKKOLA, ANNE~~

~~958 S DIXIE HWY~~

~~LANTANA FL 33462~~

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-11-01

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 **PD** ☐ Delete
 NAME **KOTTONER, KYOSTI**
 STREET ADDRESS **958 S DIXIE HWY**
 CITY-ST-ZIP **LANTANA 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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TITLE ☐ 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 like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-11-01

CR2E034 (10/00)