

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072304

1. Entity Name

JAW MUSIC, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90113 005 ***150.00

Principal Place of Business

18 LEEWARD DRIVE
CRAWFORDVILLE FL 32327

Mailing Address

18 LEEWARD DRIVE
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3609 W. Tyson Ave

3. Mailing Address

3609 W. Tyson Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33611

Country

Zip

33611

Country

4. FEI Number

59-3407106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENAERTS, JOHN A
18 LEEWARD DRIVE
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name
Lenaerts, John W
Street Address (P.O. Box Number is Not Acceptable)
3609 W. Tyson Ave

City Tampa FL Zip Code 33611

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LENAERTS, JOHN W	
STREET ADDRESS	3706 W LEILA AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LENAERTS, JOHN A	
STREET ADDRESS	18 LEEWARD DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LENAERTS, ELLEN C	
STREET ADDRESS	18 LEEWARD DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input type="checkbox"/> Delete
NAME	LENAERTS, HELEN B	
STREET ADDRESS	3706 W LEILA AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3609 W. Tyson Ave.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3609 W. Tyson Ave.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Helen B Lenaerts

Helen B Lenaerts

813 835-7933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)