HURD & FINLEY,PA ID:18504792737 AP

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91839 044 ***150.00

DOCUMENT # P96000099711

1. Entity Name
SCHMIDT'S MUSIC, INC.

70051041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 105 NORTH PALAFOX ST	Suite, Apt. #, etc. 105 NORTH PALAFOX ST
City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip / Country 32501	Zip / Country 32501

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3436975
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAVID H. SCHMIDT
Street Address (P.O. Box Number is Not Acceptable)
105 NORTH PALAFOX ST
City
PENSACOLA
FL
Zip Code
32501

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAVID H. SCHMIDT
STREET ADDRESS	14945 INNERARITY PT RD
CITY - ST - ZIP	PENSACOLA, FL 32507-8308
TITLE	DST
NAME	REBECCA L. SCHMIDT
STREET ADDRESS	14945 INNERARITY PT RD
CITY - ST - ZIP	PENSACOLA, FL 32507-8308
TITLE	
NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DAVID H. SCHMIDT (850)434-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FLS2301F.1