

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019147

1. Entity Name

BROOKSVILLE ELECTRONICS AND MUSIC, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90127 049 ***150.00

Principal Place of Business

158 LARK AVE
BROOKSVILLE FL 34601

Mailing Address

158 LARK AVE
BROOKSVILLE FL 34601-1314

2. Principal Place of Business

857 S. Broad Street
Suite, Apt. #, etc.

3. Mailing Address

857 S. Broad Street
Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3438113

Applied For

Not Applicable

Zip

34601

Country

Zip

34601

Country

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

ISAAC, BRADLEY J
158 LARK AVE
BROOKSVILLE FL 34601

Name

David L. Quillen

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

857 S. Broad Street

City

Brooksville

FL

Zip Code
34601

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

DAVID L. QUILLEN

DATE

4/26/00

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	ISAAC, BRADLEY J	
STREET ADDRESS	158 LARK AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David L. Quillen	
STREET ADDRESS	857 S. Broad Street	
CITY-ST-ZIP	Brooksville, FL 34601	
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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Quillen

4/4/00

Date

352-754-8844

Daytime Phone #

CR2E034 (9/99)