

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90190 009 \*\*\*150.00

**DOCUMENT # P97000021248**

1. Entity Name  
**J & B GUITAR SERVICE, INC.**

Principal Place of Business

~~10851 HAYDN DR~~  
~~BOCA RATON FL 33498~~  
~~US~~

Mailing Address

~~10851 HAYDN DR~~  
~~BOCA RATON FL 33498~~  
~~US~~

2. Principal Place of Business

**832 S.E. 4th CT**  
 Suite, Apt. #, etc.

3. Mailing Address

**832 S.E. 4th CT**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Deerfield Bch. FL.**

City & State  
**Deerfield Bch. FL.**

4. FEI Number **65-0738421**

Applied For  
 Not Applicable

Zip  
**33441**

Country

Zip  
**33441**

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

**WINOKUR, BRAD**  
~~10851 HAYDN DR~~  
~~SUITE 106~~  
~~BOCA RATON FL 33498~~

**832 S.E. 4th CT.**  
**Deerfield Bch. FL.**

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, 2002 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** ☐ Delete  
 NAME **WINOKUR, BRAD**  
 STREET ADDRESS ~~10851 HAYDN DR~~ **832 S.E. 4th CT.**  
 CITY-ST-ZIP ~~BOCA RATON FL 33498~~ **Deerfield Bch. FL.**

**33441** ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/02** **(954)** **428-2820**

CR2E034 (9/01)