2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P97000029078 1. Entity Name ZEFF MUSIC ENTERPRISES, INC. 04-28-2001 90064 006 ***150.00 Mailing Address Principal Place of Business 1645 SAND HOLLOW LANE 1645 SAND HOLLOW LANE VALRICO FL 33594 VALRICO FL 33594 Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3446263 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEGEL, DONALD J Street Address (P.O. Box Number is Not Acceptable) 1645 SAND HOLLOW LANE VALRICO FL 33594 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. **Addition** ☐ Change Detete TITLE TITLE ZEGEL, DONALD J NAME 1645 SAND HOLLOW LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME FENDERSON, MARK NAME STREET ADDRESS 23417 PINE LAKE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES FL 34639 Change Addition Delete TITLE TITLE FENDERSON, JESSIE NAME NAME STREET ADDRESS 23417 PINE LAKE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES FL 34639 ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.