

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90256 041 \*\*\*150.00

**DOCUMENT # P97000039391**

**1. Entity Name**  
**NICKEL SHOE MUSIC CO., INC.**

**Principal Place of Business**  
 C/O BROOKSIDE MUSIC CORP.  
 5440 NORTH OCEAN DRIVE APT. 1507  
 SINGER ISLAND FL 33404

**Mailing Address**  
 C/O BROOKSIDE MUSIC CORP.  
 5440 NORTH OCEAN DRIVE APT. 1507  
 SINGER ISLAND FL 33404

**% BROOKSIDE MUSIC CORP** **% BROOKSIDE MUSIC CORP.**

**2. Principal Place of Business** **3. Mailing Address**  
**% R. WHITELAW- #34-F** **% R. WHITELAW-#34-F**

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**3000 N. OCEAN DR-34F** **3000 N. OCEAN DR-34F**

**City & State** **City & State**  
**SINGER ISLAND, FL** **SINGER ISLAND, FL**

**Zip** **Country** **Zip** **Country**  
**33404** **USA** **33404**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **20-5288133** **Applied For**  
**Not Applicable**

**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**

**WHITELAW, REID S**  
**C/O BROOKSIDE MUSIC CORP.**  
**5440 NORTH OCEAN DRIVE APT. 1507**  
**SINGER ISLAND FL 33404**

**Name** **WHITELAW, REID S**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**% BROOKSIDE MUSIC CORP.**  
**3000 NORTH OCEAN DRIVE-SUITE 34-F**  
**SINGER ISLAND FL 33404**

**8. The above named entity promises this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** **Reid S. Whitelaw, reg. agt., Pres.** **4/11/2002**  
 Signature, typed or printed name of registered agent and title if applicable. (Not a 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WATSON, JOHN S</b>		NAME		
STREET ADDRESS	<b>439 NORTH 66TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PHILADELPHIA PA 19151</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MASSEY GARRISON, SHIRLEY W</b>		NAME		
STREET ADDRESS	<b>439 NORTH 66TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PHILADELPHIA PA 19151</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 of the information provided.**

**SIGNATURE:** **Reid S. Whitelaw, reg. agt., Pres.** **4/11/02** **561842-3383**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

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CR2E034 (9/01)