

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90062 035 \*\*\*150.00

**A0062415**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** *97000066183*

**1. Entity Name**  
*Music Is Ageless, Inc.*

**Principal Place of Business**  
*13853 Spoonbill Lane*  
*Clearwater, FL. 33762*  
*New*

**Mailing Address**  
*Same*

**2. Principal Place of Business**  
*1951 Whitney Ln*  
 Suite, Apt. #, etc.

**3. Mailing Address**  
*Same*  
 Suite, Apt. #, etc.

**City & State**  
*Clearwater, FL*

**City & State**

**Zip**  
*33760*

**Country**  
*US*

**Zip**

**Country**

**4. FEI Number**  
*59-3461128*

**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**

**Name**  
*Denis A. Cohrs, Esq.*

**Street Address (P.O. Box Number is Not Acceptable)**  
*2841 Executive Dr., Suite 120*

**City**  
*Clearwater*

**FL**

**Zip Code**  
*33762*

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** *Denis A. Cohrs* **DATE** *4/23/01*

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

**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, 2001 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	
<b>TITLE</b> <i>President / Director</i>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <i>Debra L. Krenck</i>		<b>NAME</b>	
<b>STREET ADDRESS</b> <i>1951 Whitney Ln.</i>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <i>Clearwater, FL. 33760</i>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <i>Secretary / Treasurer / Director</i>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <i>Cynthia L. Ricciardi</i>		<b>NAME</b>	
<b>STREET ADDRESS</b> <i>13714 marseilles Ct.</i>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <i>Clearwater, FL. 33762</i>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**3. 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:** *Cynthia Ricciardi* **DATE** *4-23-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Cynthia Ricciardi, President*

Daytime Phone #

CR2E034 (11/00)