

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080008

1. Entity Name

BEACHSIDE VIOLIN ACADEMY & REPAIRS, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90378 003 ***150.00

Principal Place of Business

Mailing Address

1227 S PATRICK DR
#205
SATELLITE BEACH FL 32937
US

380 RIO LN
INDIALANTIC FL 32903
US

2. Principal Place of Business

3. Mailing Address

380 RIO LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INDIALANTIC, FL

Zip

Country

Zip

Country

32903-3706

USA

4. FEI Number 59-3468945

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

KLIM, JENNIE LOU
1227 S PATRICK DR
#205
SATELLITE BEACH FL 32937

Name

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

380 RIO LANE

City

INDIALANTIC

FL

Zip Code

32903-3706

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

Jennie Lou Klim JENNIE LOU KLIM

FEB 06 2001

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, 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

TITLE D ☐ Delete
NAME KLIM, JENNIE LOU
STREET ADDRESS 380 RIO LN
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KLIM, PAUL R
STREET ADDRESS 380 RIO LN
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Jennie Lou Klim JENNIE LOU KLIM, DIRECTOR

FEB 06 2001 321-773-2904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0077061

CR2E034 (10/00)