

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102929

1. Entity Name

O'FIVE THE MUSIC COMPANY

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90255 031 \*\*\*150.00

Principal Place of Business

1634 SE 47TH STREET  
STE 18  
CAPE CORAL FL 33901  
US

Mailing Address

1634 SE 47TH STREET  
STE 18  
CAPE CORAL FL 33904-8739  
US

2. Principal Place of Business

1634 SE 47th STREET

3. Mailing Address

1634 SE 47th STREET

Suite, Apt. #, etc.

18

Suite, Apt. #, etc.

18

City & State

CAPE CORAL, FLORIDA

City & State

Cape Coral, Florida

Zip

33901

Country

US

Zip

33901

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0802139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIESEWETTER, MICHAEL  
1634 SW 20TH PLACE  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Kiesewetter, Michael

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

1634 SE 47th STREET Suite 18

City

Cape Coral

FL

Zip Code

33904

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, 2000 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

TITLE **D** ☒ Delete  
NAME **KIESEWETTER, MICHAEL**  
STREET ADDRESS **4344 SW 20TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☐ Delete  
NAME **PETERSEN, JOERG**  
STREET ADDRESS **4344 SW 20TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 information approved.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-00

Date

941-549-9016

Daytime Phone #

CR2E034 (9/99)