

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108760

1. Entity Name

DOLLARS IN MUSIC ENTERTAINMENT, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90164 018 ***150.00

Principal Place of Business

Mailing Address

1858 DAYTONA LANE N.
JACKSONVILLE FL 32218

1858 DAYTONA LANE N.
JACKSONVILLE FL 32218-3494

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3496914

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, VERNON K JR
1858 DAYTONA LANE N.
JACKSONVILLE FL 32218

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	JOHNSON, VERNON K JR	
STREET ADDRESS	1858 DAYTONA LANE N.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KING, TIFFANNY-S	
STREET ADDRESS	1145 TURTLE CREEK DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WESTCOTT, AUNEKIA T	
STREET ADDRESS	3296 SOUTEL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TAYLOR, JASON	
STREET ADDRESS	844 TAMMY COVE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

(904)6968820

Daytime Phone #

CF 10/14/99