

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010876

1. Entity Name

BEE CEE RECORDS, CO.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90006 022 \*\*\*558.75

Principal Place of Business

667 LAMOKA COURT  
WINTER SPRINGS FL 32708

Mailing Address

~~667 LAMOKA COURT~~  
~~WINTER SPRINGS FL 32708~~

2. Principal Place of Business

3. Mailing Address

PO Box 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VALLEY STREAM, N.Y.

Zip

Country

Zip

Country

11582

USA

4. FEI Number

59-3510414

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

STONE, EVELYN

667 LAMOKA COURT

WINTER SPRINGS FL 32708

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME ~~STONE, JESSE~~  
STREET ADDRESS ~~667 LAMOKA COURT~~  
CITY-ST-ZIP ~~WINTER SPRINGS FL 32708~~

☒ Delete

TITLE D  
NAME STONE, EVELYN  
STREET ADDRESS 667 LAMOKA COURT  
CITY-ST-ZIP WINTER SPRINGS FL 32708

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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:

*Nancy Bolin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-00

Date

(718) 978-2353

Daytime Phone #

CR2E034 (5/00)