

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90070 039 ***150.00

DOCUMENT # P98000067885

1. Entity Name
FAT TOE RECORDS, INC.

Principal Place of Business

**1690 ALCAZAR WAY SOUTH
 ST. PETERSBURG FL 33712**

Mailing Address

**1690 ALCAZAR WAY SOUTH
 ST. PETERSBURG FL 33712**

2. Principal Place of Business

2887 24th Avenue N.

3. Mailing Address

2887 24th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33713

Country

USA

Zip

33713

Country

USA

6. Name and Address of Current Registered Agent

**MCGRATH, CHANCE J
 1690 ALCAZAR WAY SOUTH
 ST. PETERSBURG FL 33712**

7. Name and Address of New Registered Agent

CHANCE J. McGRATH

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

2887 24th AVE N.

ST. PETERSBURG

FL

Zip Code

33713

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 **Chance J. McGrath** **CHANCE J. McGRATH** V/D **4-26-01**
 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

TITLE **D** ☐ Delete
 NAME **MCGRATH, CHANCE J**
 STREET ADDRESS **1690 ALCAZAR WAY SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/V** ☒ Change ☐ Addition
 NAME **MCGRATH, CHANCE J.**
 STREET ADDRESS **2887 24th Ave N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **D/P** ☐ Change ☒ Addition
 NAME **JUSTIN McGRATH**
 STREET ADDRESS **1147 1/2 22nd AVE N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

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 like empowered.

SIGNATURE: **Chance J. McGrath** - **CHANCE J. McGRATH**, 4-26-01, 727-257-5140
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0524084

CR2E034 (10/00)