

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079605

1. Entity Name

Noel Hartough Music, inc.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90009 008 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

15 South Orange Ave.

Suite, Apt. #, etc.

3. Mailing Address

15 South Orange Ave.

Suite, Apt. #, etc.

C0089739

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

Zip
32801

Country
USA

City & State
Orlando FL

Zip
32801

Country
USA

4. FEI Number

59-3530422

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

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
Noel Hartough
15 South Orange Ave.
ST- ZIP
Orlando, FL 32801

☐ Delete

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

TITLE
Martin Clark
15 South Orange Ave.
ST- ZIP
Orlando FL 32801

☐ Delete

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

TITLE
Davy Mason
15 South Orange Ave.
ST- ZIP
Orlando FL 32801

☐ Delete

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

TITLE
Stan Turner
15 South Orange Ave.
ST- ZIP
Orlando, FL 32801

☐ Delete

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

TITLE

ST- ZIP

☐ Delete

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

TITLE

ST- ZIP

☐ Delete

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

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:

Noel Hartough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

407 422 5900

Daytime Phone #

CR2E034 (9/99)