## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000089319 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name DAVIS MUSIC COMPANY 04-11-2000 90213 033 \*\*\*150.00 Principal Place of Business Mailing Address 3716 EAST 3RD STREET POST OFFICED BOX 3999 PANAMA CITY FL 32401-0999 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt #, etc. City & State 4. FEI Number Applied For City & State 59-3539549 Not Applicable Country Zip Country Zip \$8.75 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS. DANIËL W Street Address (P.O. Box Number is Not Acceptable) 3716 EAST 3RD STREET PANAMA CITY FL 32401 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE DAVIS, DANIEL W NAME NAME STREET ADDRESS STREET ADDRESS 3716 E 3RD ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Change ☐ Addition TITLE Delete TITLE DAVIS, DANIEL W II NAME NAME STREET ADDRESS 3716 E 3RD ST STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Addition TITLE ☐ Change ☐ Delete TITLE STOKES, LAURA-D NAME NAME STREET ADDRESS STREET ADDRESS 3716 E 3RD ST CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32401 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000

850-763-7093

Daytime Phone #