2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P98000089319 1. Entity Name DAVIS MUSIC COMPANY 03-08-2001 90108 017 ***150.00 Principal Place of Business Mailing Address POST OFFICED BOX 3999 3716 EAST 3RD STREET PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3539549 Not Applicable Zip Country \$8.75 Additional Zip Country 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, DANIEL W Street Address (P.O. Box Number is Not Acceptable) 3716 EAST 3RD STREET PANAMA CITY FL 32401 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT, SECRETARY, TREASURER Addition TITI F Delete TITLE NAME DAVIS, DANIEL W NAME DAVIS, DANIEL W. STREET ADDRESS STREET ADDRESS 3716 E 3RD ST PANAMA CITY, STREET 32401 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME DAVIS, DANIEL W II STREET ADDRESS STREET ADDRESS 3716 E 3RD ST CiTY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 Change - Addition X - Delete TITLE ST TITLE _ NAME NAME STOKES, LAURA D STREET ADDRESS STREET ADDRESS 3716 E 3RD ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 ener like empowered.