

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90858 016 ***150.00

DOCUMENT # 990000039105
1. Entity Name MUSIC MAZE OF TAMPA BAY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14903 Pelican Point Pl
Apt. #, etc. 7A
3. Mailing Address 14903 Pelican Point Pl
Suite, Apt. #, etc.

80057235

DO NOT WRITE IN THIS SPACE

City & State <u>TAMPA FLORIDA</u>	City & State <u>TAMPA FLORIDA</u>	4. FFL Number <u>39-3553965</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33625</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name KARL A. RICHARDS
Street Address (P.O. Box Number is Not Acceptable)
14903 Pelican Point Pl.
City TAMPA **State** FLORIDA **Zip** 33625

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE <u>PRESIDENT</u>	TITLE <u>PRESIDENT</u>
NAME <u>KARL A. RICHARDS</u>	NAME <u>KARL A. RICHARDS</u>
STREET ADDRESS <u>14903 Pelican Point Pl TAMPA FL 33625</u>	STREET ADDRESS <u>14903 Pelican Point Pl TAMPA FL 33625</u>
CITY - ST - ZIP	CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.

813
KARL A. RICHARDS, President 3-20-02 2362723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034B (12/01)