

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90125 037 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

**DOCUMENT # P99000015507**

**1. Entity Name**  
TRUCKS, PODELL, BLANK & HALMOS JAM MUSIC CORPORATION

**Principal Place of Business**  
224 DATURA ST., STE. 315  
WEST PALM BEACH FL 33401

**Mailing Address**  
5725 CORPORATE WAY #101  
WEST PALM BEACH FL 33407

**2. Principal Place of Business**  
215 S. Olive Ave.  
Suite, Apt. #, etc.  
#200

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
West Palm Beach, FL.

**City & State**

**Zip** 33401 **Country** US **Zip** **Country**

**4. FEI Number** 65-0894899 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
ARNOLD, ROBERT J  
224 DATURA ST., STE. 315  
WEST PALM BEACH FL 33401

**7. Name and Address of New Registered Agent**  
Name  
Arnold, Robert J  
Street Address (P.O. Box Number is Not Acceptable)  
215 S. Olive Ave, #200  
City West Palm Beach FL Zip Code 33401

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                             |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TRUCKS, CLAUDE H<br>224 DATURA ST STE #315<br>WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>TRUCKS, CLAUDE H<br>215 S. OLIVE AVE, #200<br>WEST PALM BEACH, FL. 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARNOLD, ROBERT J<br>224 DATURA ST., STE. 315<br>WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>ARNOLD, ROBERT J<br>215 S. OLIVE AVE, #200<br>WEST PALM BEACH, FL. 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MEYERS, GAIL<br>224 DATURA ST #315<br>WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>MEYERS, GAIL<br>215 S. OLIVE AVE, #200<br>WEST PALM BEACH, FL. 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BLANK, JONATHAN<br>224 DATURA ST STE #315<br>WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>BLANK, JONATHAN<br>215 S. OLIVE AVE, #200<br>WEST PALM BEACH, FL. 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PODELL, JOHN<br>224 DATURA ST STE #315<br>WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>PODELL, JOHN<br>215 S. OLIVE AVE, #200<br>WEST PALM BEACH, FL. 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BUDNICK, DEAN<br>224 DATURA ST STE #315<br>WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>BUDNICK, DEAN<br>215 S. OLIVE AVE, #200<br>WEST PALM BEACH, FL. 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (10/02)

Attachment 90048763  
P99000015507

TRUCKS, PODELL, BLANK, ISRAEL & HALMOS  
JAM MUSIC CORP

Attached Officers and Directors

D

Israel, Sam

215 S. Olive Ave., #200

West Palm Beach, FL. 33401