

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026150

1. Entity Name
SERAPHIM RECORDS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90190 023 ***150.00

Principal Place of Business

Mailing Address

7834 DARTMOOR DRIVE
PENSACOLA FL 32514

P O BOX 7507
PENSACOLA FL 32534-7507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3568507

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

MORRIS, ANN SHIRLEY
8550 ELBERT ST.
PENSACOLA FL 32514

Name
Norman DeLoach, Jr.

Street Address (P.O. Box Number is Not Acceptable)
450 Hazzard Lane

Cantonment, Fl 32533

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 *Norman DeLoach, Jr.*
Signature, typed or printed name of registered agent and title if applicable

Norman DeLoach, Jr.
(NOTE: Registered Agent signature required when reinstating)

30 April 2001
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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DELOACH, CAROL Y
7440 N. PALAFOX ST. UNIT B
PENSACOLA FL 32503 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 other like empowered.

SIGNATURE: *Carol Y. DeLoach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 2001 417-0453
Date Daytime Phone #

CR2E034 (10/00)