

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035985

1. Entity Name

PHILLIPS MUSIC, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90070 015 ***150.00

Principal Place of Business

860 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

860 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33415-1318

2. Principal Place of Business

626 6th Lane

Suite, Apt. #, etc.

3. Mailing Address

626 6th Lane

Suite, Apt. #, etc.

City & State

Palm Beach Gdns, FL

Zip

33418

Country

USA

City & State

Palm Beach Gdns, FL

Zip

33418

Country

USA

4. FEI Number

05-0913105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWE, EVAN W CPA
492 PEACOCK LANE NORTH
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

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

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

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS PHILLIPS, KIMBERLY R
CITY-ST-ZIP 860 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 626 6th Lane
CITY-ST-ZIP Palm Beach Gdns, FL 33418

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
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 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:

Kimberly R. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00
Date

(561) 626-3265
Daytime Phone #

CR2E034 (9/99)