

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052367

1. Entity Name

THOMAS S. PHILLIPS MUSIC, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90105 048 ***150.00

Principal Place of Business

Mailing Address

2418 N. MONROE ST., #140
TALLAHASSEE FL 32303

2418 N. MONROE ST., #140
TALLAHASSEE FL 32303-4119

2. Principal Place of Business

15 South Orange Ave.

3. Mailing Address

15 South Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FLORIDA

City & State

Orlando FLORIDA

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-3591488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, JEFF
15 S ORANGE AVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Jeff Hanson

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

15 S ORANGE AVE

City Orlando

FL

Zip Code 32801

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 PD
NAME PHILLIPS, THOMAS S
STREET ADDRESS 2418 N. MONROE ST., #140
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 (9/99)