

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052372

1. Entity Name

BRIAN MARSHALL MUSIC, INC.

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

05-19-2000 90035 009 ***150.00

Principal Place of Business

Mailing Address

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

2418 N. MONROE ST., #140
TALLAHASSEE FL 32801-2605

2. Principal Place of Business

3. Mailing Address

15 South Orange Ave.

15 South Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State
Orlando FLORIDA

City & State
Orlando, FLORIDA

Zip
32801

Country
USA

Zip
32801

Country
USA

4. FEI Number

59-3591489

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

CAMERON, JEFF
15 S ORANGE AVE
ORLANDO FL 32801

Name

Jeff Hanson

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

15 South 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARSHALL, BRIAN
STREET ADDRESS 2418 N. MONROE ST., #140
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

407 496 4304

Daytime Phone #

CR2E034 (9/99)