

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90058 012 ***150.00

DOCUMENT # P99000065466

1. Entity Name

CHOKEHOLD RECORDS, INC.

Principal Place of Business

**7863 CAXTON CIRCLE EAST
JACKSONVILLE FL 32208**

Mailing Address

**7863 CAXTON CIRCLE EAST
JACKSONVILLE FL 32208**

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

59-3592389

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

LUDWIG, JEFFREY R

6620 SOUTHPPOINT DRIVE SOUTH

SUITE 200

JACKSONVILLE FL 32216

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **RUSSELL, JAMES IV**
STREET ADDRESS **7863 CAXTON CIRCLE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02

Date

904-768-2786
904-945-7886

Daytime Phone #

CR2E034 (4/02)

Attachment
RE: WAIVER OF LATE FEE REQUEST

DEPT. of STATE
Division of Corporations

8/3/88

#P99000065466

I respectfully request the Florida Dept. of State / Division of Corporations to waive my \$400 late fee. I actually sent off the ORIGINAL Uniform Business Report due before MAY 1st with the \$150 filing fee included. Unless requesting a certificate of status we are not informed of the confirmation of delivery or fund processing. I received a second (UBR) AND called to find out you never received my (UBR). I sent my United States money ORDER stub off to verify I sent the funds, however it takes approximately 60 DAYS. I contacted your office and was told to write a letter detailing what happened and resubmit the application with the \$150 filing fee.

Thank-You in ADVANCE

JAMES RUSSELL IV

James Russell IV

Home 904-768-2786

CELL 904-945-7886

Attachment 873188

Dept. of State
D.U. of Corp

RE: I AM The President, Secretary, Treasurer AND Director
#P9900065466

IN Block 11 I, JAMES RUSSELL IV

Am listed AS the Director (D). I AM

the Director (D) but also Am the President (P)

as well as the Treasurer (T), and

Secretary (S).

JAMES RUSSELL IV Director (D), President (P),

Treasurer (T) AND Secretary (S)

James Russell IV