

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000086281

1. Entity Name

HOP 2 IT MUSIC AND PRESS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-28-2000 90092 025 ***155.00

Principal Place of Business

Mailing Address

12299 94TH ST.,N.
LARGO FL 3377312299 94TH ST.,N.
LARGO FL 33773-2540

2. Principal Place of Business

3. Mailing Address

12299 94th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo, FL

4. FEI Number

59 360 1974

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

HARTMANN, JOHN
 12299 94TH ST.,N.
 LARGO FL 33773

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 (John) Jack Hartmann
 President
 12299 94th St. N.
 Largo, FL 33773

☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Lisa Hartmann
 Director of Operations
 12299 94th St. N.
 Largo, FL 33773

☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Largo, FL 33773

☐ Delete

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

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 CITY-ST-ZIP

☐ Delete

TITLE NAME
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000

Date

Daytime Phone #

727 -

547-5682

CR2E034 (9/99)