

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086579

1. Entity Name

JAM MASTERS CD'S, RECORDS & TAPES, INC. *R*

Principal Place of Business

1159 BATTLE COVE RD.
JACKSONVILLE FL 32221

Mailing Address

1159 BATTLE COVE RD.
JACKSONVILLE FL 32221

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

593600734

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, VIRGINIA R
1159 BATTLE COVE RD.
JACKSONVILLE FL 32221

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 New Registered Agent

(NOTE: Registered Agent's signature required when terminating)

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, 2000 Min. will be \$750.00.
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	THOMAS, VIRGINIA R	1159 BATTLE COVE RD.	JACKSONVILLE FL 32221	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	RICHBURG, MICHAEL J	1159 BATTLE COVE ROAD	JACKSONVILLE FL 32221	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	LOPEZ, JOHN A	4626 CHARLES BENNETT DRIVE	JACKSONVILLE FL 32225	☐

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 of this report.

SIGNATURE:

John A. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. Dir. 7/15/00

904-783-3222