## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000106211 1. Entity Name ALL AMUSEMENTS AND MUSIC INC. 05-04-2000 90155 006 \*\*\*150.00 Mailing Address Principal Place of Business 6029 13TH AVE. 6029 13TH AVE. NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653 652393 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36/3653 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIECHTER: JESSE JAMES 2127 Redleaf Dr. 6143-12TH AVE:-Brandon, FL City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President TITLE TITLE Delete Jesse James Fiechter 2127 Redleaf Dr. Brondon. FL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vice- President ☐ Change ★Addition TITLE Delete TITLE Daniel James Fiechter 3757 Blackgold Dr. Butad 3757 Blackgold Dr. Butad 369 Secretary Carol Lynn Fiechter 6029-13th Are New Part Riche Treasurer Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST:ZIP = CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR