

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V61488**

1. Entity Name
CHARLES RICE MUSIC, INC.

Principal Place of Business Mailing Address
11399 CANTERBURY LANE 11399 CANTERBURY LANE
SEMINOLE FL 33778 SEMINOLE FL 33778

2. Principal Place of Business 3. Mailing Address
SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

WILLIAM FALLER & ASSOCIATES INC
6878 W. ATLANTIC BLVD.
MARGATE FL 33063

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 _____ 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE ☐ Delete
NAME **0**
STREET ADDRESS **RICE, CHARLES**
CITY-ST-ZIP **11399 CANTERBURY LANE**
SEMINOLE FL 33778

TITLE ☐ Delete
NAME **RICE, ARDELIA**
STREET ADDRESS **11399 CANTERBURY LANE**
CITY-ST-ZIP **SEMINOLE, FL 33778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 filing empowered.

SIGNATURE: Charles Rice Date: 1/6/02 Daytime Phone: 727 392-7415

FILED
Jan 14, 2002 8:00 am
Secretary of State
01-14-2002 90011 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)