

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005333

FILED
May 01, 2003
Secretary of State

Entity Name: JUPITER DANCE THEATER, INC.

Current Principal Place of Business:

1525 CYPRESS DR
JUPITER, FL 334693137

New Principal Place of Business:

Current Mailing Address:

1525 CYPRESS DR
JUPITER, FL 334693137

New Mailing Address:

FEI Number: 65-1101458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUMPHREY, DEBRA A
1525 CYPRESS DR
JUPITER, FL 334693167

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PUMPHREY, DEBRA A
Address: 1525 CYPRESS DR
City-St-Zip: JUPITER, FL 334693137

Title: S () Delete
Name: BARBERIO, SARAH H
Address: 6099 EAGLES NEST DRIVE
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: HALL, BARBARA A
Address: 14283 SNOWBERRY DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: HAMILTON, NANCY B
Address: 325 RIVERSIDE DR
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: BARBERIO, MARTIN
Address: 6099 EAGLES NEST DR
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MORUJILLO, ROBERT
Address: 6104 EAGLE NEST DR
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A PUMPHREY

DP

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date