2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91427 024 ****61.25

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DOCUMENT # N01000004950

1. Entity Name
S.T.A.R. DANCERS AND COMPANY, INC.

Principal Place of Business	Mailing Address
1965-34TH ST. NORTH ST. PETERSBURG FL 33713	1965-34TH ST. NORTH ST. PETERSBURG FL 33713

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5915 FOURTH ST. N. Suite, Apt. #, etc.	5915 FOURTH ST. N. Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL. Zip: 33703 Country: PINELLAS	City & State: ST. PETERSBURG, FL. Zip: 33703 Country: PINELLAS

4. FEI Number 59-3750185 ☐ 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
O'BRIEN, EILEEN C 1965-34TH ST. NORTH ST. PETERSBURG FL 33713	Name: O'BRIEN, EILEEN C. Street Address (P.O. Box Number is Not Acceptable): 5915 FOURTH STREET N. City: ST. PETERSBURG FL Zip Code: 33703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, EILEEN C 2826 1/2 WHITNEY RD. CLEARWATER FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, MICHAEL J 2826 1/2 WHITNEY RD. CLEARWATER FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELTON, STEPHANIE T 888-45TH AVE. NE ST. PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATERS, AMY 270-45TH AVE. NE ST. PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, VICKIE 3876 SHORE ACRES BLVD. NE ST. PETERSBURG FL 33703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY BUNTING 5620 24TH AVENUE N. ST. PETERSBURG, FL. 33710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINNOW, CHARLA 3311-39TH ST. NORTH ST. PETERSBURG FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN C O'BRIEN 4/28/03 (727) 528-4972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #