

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90092 044 ***150.00

DOCUMENT # **P95000056882**
 1. Entity Name
JUPITER DANCE ACADEMY, INC

Principal Place of Business Mailing Address
10268-150th Ct No. JUPITER FL 33478
10268-150th Ct No. JUPITER FL 33478

2. Principal Place of Business Suite, Apt. #, etc.
1525 CYPRESS DR
 3. Mailing Address Suite, Apt. #, etc.
1525 CYPRESS DR

City & State **JUPITER FL** City & State **JUPITER FL**
 Zip **33469** Country Country
 Zip **33469** Country

4. FEI Number **65-0601024** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEBRA A PUMPHREY
10268-150TH Ct. No.
JUPITER FL 33478

7. Name and Address of New Registered Agent
 Name **DEBRA A PUMPHREY**
 Street Address (P.O. Box Number is Not Acceptable)
1525 CYPRESS DRIVE
 City **JUPITER FL** Zip Code **33469**

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 **Debra A. Pumphrey** DATE **4/27/02**
(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.
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 DP NAME PUMPHREY, DEBRA A STREET ADDRESS 10268-150th Ct No CITY-ST-ZIP JUPITER FL 33478 | <input type="checkbox"/> Delete |
| TITLE D NAME PUMPHREY, RONALD R STREET ADDRESS 10268-150th Ct No CITY-ST-ZIP JUPITER FL 33478 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| TITLE NAME PUMPHREY, DEBRA A STREET ADDRESS 12939-175TH RD No CITY-ST-ZIP JUPITER FL 33478 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME PUMPHREY, RONALD R STREET ADDRESS 12939-175TH RD No CITY-ST-ZIP JUPITER FL 33478 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 empowerments.
 SIGNATURE: **Debra A. Pumphrey, PRES.** DATE **4/27/02** DAYTIME PHONE **261-747-7133**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR3E034 (9/01)