

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0032382

DOCUMENT # N98000003856

1. Entity Name

SUPPORT DANCE, INC.

04-17-2002 90144 032 *****61.25

Principal Place of Business

Mailing Address

8157-D ANDOVER CT
 LAKE CLARKE SHORES FL 33406

8157-D ANDOVER CT
 LAKE CLARKE SHORES FL 33406

B0068319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

924 N. Dixie Highway
 Suite, Apt. #, etc.

924 N. Dixie Highway
 Suite, Apt. #, etc.

City & State
 Lake Worth, FL

City & State
 Lake Worth, FL

4. FEI Number: 65-0854931

Applied For

Not Applicable

Zip Country
 33460 FL Palm Beach

Zip Country
 33460 FL Palm Beach

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

BROCK, BETH ANNE
 8157-D ANDOVER CT
 LAKE CLARKE SHORES FL 33406

Name
 Roderick C. Moe
 Street Address, P.O. Box Number is Not Acceptable
 101 North J Street Suite 2
 City
 Lake Worth FL Zip Code
 33460

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 *Roderick C. Moe*
 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
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRAND PETERS, CATHY	
STREET ADDRESS	449 PALO ALTO	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MIESZEZENSKI, PAY BOYD	
STREET ADDRESS	2861 MEADOW RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GIVENS, CRAIG	
STREET ADDRESS	724 N STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROCK, BETH ANNE	
STREET ADDRESS	8157-D ANDOVER CT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EASTON, MARK	
STREET ADDRESS	1314 LAKE GENEVA DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEORGE, FIFI	
STREET ADDRESS	170 YALE DR	
CITY-ST-ZIP	LAKE WORTH FL 33460	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trisha Bishop	
STREET ADDRESS	7504 Alpha Ct, East	
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mark Easton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 585-9387
 Date Daytime Phone #

CR2E037 (9/01)