2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573756

1. Entity Name

JEANNE LYNN DANCE STUDIO, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

)						02-05-2000 90013 (010 ***15	0.00	
Principal Plac	e of Business	Mailing Address		1.	-				
7810 46TH AVE.N. ST. PETERSBURG FL 33709 US		10970 61 AVE. N. SEMINOLE FL 33772-6833 US		Ì	nu) , U U U	_	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business		3. Mailing Address			1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	DO NOT WRITE I	N THIS SPAC	Œ	
City & State		City & State		4. F	FEI Number 59-1842686		Applied For		
. Zip Country		= Zip — — — Country — —		marie - Tabras	5. Certificate of Status Desired S8.75 Addition Fee Required				
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New Regi	stered Ager	ıt	
l			Nan	ne					
HALL, FRANCES JEAN 10970-61 AVE. N.			Stre	Street Address (P.O. Box Number is Not Acceptable)					
SEMI	NOLE FL 34642					•			
			City				FL	Zip Code	,
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered offic	e or register	red ag	ent, or both, in the State of Florida	а.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent s	gnature required	when re	einstating)	DATE		
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, 2000 Fee will be \$550.00		_	10. Election Campaign Finance	cing	\$5.0	O May Be	
_	ia on back)	Aπer MAY 1, 200 Make Check Payable			to	Trust Fund Contribution.			to Fees
	OFFICERS AND		12.			L DDITIONS/CHANGES TO OFFICE	DC AND DIE	ECTOR	2 INL 13
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indicated	ertify that the information supplied with on this report or supplemental report is	inis filing does not quality for t true and accurate and that m	ıne exemption v sianature sh	stated in Se all have the :	same l	า เษ.บ7(ฮ)(เ), Florida Statutes. I ful legal effect as if made under oath	mer certity ti n; that I am a	iat the in n officer i	ormation or director

13. Thereby certify that the information supplied with this filing dose not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes: 1 further certify rid 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 empowered.

SIGNATURE:

OBBILLIAM KELISMONS

Prisident

1-30-00

V 727-392-115

Daytime Phone #