2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F96000003956** Feb 20, 2000 8:00 am 1. Entity Name CHANDRA'S DANCE EXTRAVAGANZA, INC. **Secretary of State** 02-20-2000 90045 017 ***150.00 Principal Place of Business Mailing Address 6706 NW 18TH AVE. -----6706-NW-18TH-AVE-GAINESVILLE FL 32605 GAINESVILLE-FL-32635-7790 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 52-1511427 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRKPATRICK, DIANA Street Address (P.O. Box Number is Not Acceptable) 6706 NW 18TH AVE **GAINESVILLE FL 32605** Zip Code 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. (NOTc: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change □ Addition TITLE TITLE □ Delete KIRKPATRICK, DIANA NAME NAME STREET ADDRESS 6706 NW 18TH AVE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE KIRKPATRICK, DIANA NAME STREET ADDRESS STREET ADDRESS 6706 NW 18TH AVE CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE RORABAUGH, DAVID NAME STREET ADDRESS STREET ADDRESS 1736 N QUEBEC ST CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON VA** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOL

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