

**AMENDED REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
02 APR 22 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **087685**
1. Entity Name
HOPE'S DANCE CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3300 Garden Street
Suite, Apt. #, etc.

3. Mailing Address
4199 Cow Creek Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Titusville, FL

City & State
Edgewater, FL

4. FEI Number
59 2374308

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
32796

Country
Brevard

Zip
37141

Country
Volusia

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Christina Benziger

Street Address (P.O. Box Number is Not Acceptable)
4199 Cow Creek Road

City
Edgewater **FL** Zip Code
37141

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 *Christina Benziger* **Christina Benziger** **04/01/02**
Signature, typed or printed name of registered agent and is not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary Christina Benziger 4199 Cow Creek Road Edgewater, FL 37141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005463277--8 -05/06/02--01080--031 *****61.25 *****61.25
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CR2E034B (1/2001)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Christina Benziger* **Christina Benziger** **4/01/02** **386-345-1805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Name #