

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90311 036 ****61.25

DOCUMENT # N02000008226

1. Entity Name

3-D CULTURAL, CHARM PROGRAM & DRILL TEAM, INC.



Principal Place of Business

**1809 E ALABAMA ST
PLANT CITY FL 33563**

Mailing Address

**1809 E ALABAMA ST
PLANT CITY FL 33563**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

1314245917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, RUDYNE P
1809 E ALABAMA ST
PLANT CITY FL 33563**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Rudyrne P Lee	
STREET ADDRESS	1809 E Alabama St.	
CITY-ST-ZIP	Plant City FL 33563	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Gregory Jones	
STREET ADDRESS	Plant City FL 33563	
CITY-ST-ZIP	Plant City FL 33563	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Tusha Reynolds	
STREET ADDRESS	Plant City FL 33563	
CITY-ST-ZIP	Plant City FL 33563	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Brenda Gayle	
STREET ADDRESS	4641 Smith Ryals Rd	
CITY-ST-ZIP	Plant City FL 33563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy Bradley	
STREET ADDRESS	1706 E. Ala. St.	
CITY-ST-ZIP	Plant City FL 33563	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Lee	
STREET ADDRESS	11 W. Lemon St	
CITY-ST-ZIP	Plant City FL 33563	
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:

SIGNATURE REQUIRED

8-29-03

CR2E037 (10/02)