

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N23322**

1. Entity Name

THE PUPPETRY ARTS CENTER AND THEATRE, INC.**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90180 027 *****61.25

0081052

Principal Place of Business

1112 LANYARD STREET
C/O NORMA A. BIGLER
PALM HARBOR FL 34685

Mailing Address

1112 LANYARD STREET
C/O NORMA A. BIGLER
PALM HARBOR FL 34685**00035175**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2865236

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIGLER, NORMA A.
1112 LANYARD STREET
PALM HARBOR FL 34685

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.

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 \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D VETTER, GENE 7826 TENBY CT NEW PORT RICHEY FL	<input type="checkbox"/>		<input type="checkbox"/>
D BIGLER, WILLIAM P. 1112 LANYARD STREET PALM HARBOR FL	<input type="checkbox"/>		<input type="checkbox"/>
D BIGLER, NORMA A. 1112 LANYARD STREET PALM HARBOR FL	<input type="checkbox"/>		<input type="checkbox"/>
D BROWN, RONALD W. 7501 142ND AVE N. #493 LARGO FL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: *William P. Bigler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)