

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90427 018 ****61.25

DOCUMENT # N93000003199

1. Entity Name
PUPPETRY ARTS CENTER OF THE PALM BEACHES, INC.



Principal Place of Business
**1200 SOUTH CONGRESS AVENUE
SPACE 36
WEST PALM BEACH FL 33406**

Mailing Address
**PO BOX 19124
WEST PALM BEACH FL 33416**

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 **65-0423559**

Applied For

Not Applicable

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

**FLETCHER, CYNTHIA
2875 S OCEAN BLVD
SUITE 200
PALM BEACH FL 33418**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **TIMMIS, WILLIAM**
STREET ADDRESS **5834 FOREST HILL BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ Change ☒ Addition
NAME **Schmidt, IRA**
STREET ADDRESS **611 Ocean Dunes Cir**
CITY-ST-ZIP **Jupiter FL 33477**

TITLE **D** ☐ Delete
NAME **PIERMAN, JUDY**
STREET ADDRESS **560 GREENWAY DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Terry Tilton**
STREET ADDRESS **620 Avenida Alegre**
CITY-ST-ZIP **W. Palm Beach, FL 33405**

TITLE **D** ☐ Delete
NAME **TIMMIS, JO J**
STREET ADDRESS **5834 FOREST HILL BLVD**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FLETCHER, CYNTHIA**
STREET ADDRESS **2875 S OCEAN BLVD.**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **D** ☒ Change ☐ Addition
NAME **CYNTHIA Fletcher**
STREET ADDRESS **11 N. J ST. Ste. 5**
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE **D** ☐ Delete
NAME **TITCOMB, JAMIE**
STREET ADDRESS **3045 PINETREE LN**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Joanne Timmis* **REQUIRED** *Joanne Timmis* 4/14/03 561-967-3231

CR2E037 (10/02)