2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **N9600003268** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** DENIM & LACE DANCERS, INC. 02-26-2000 90062 029 ****61.25 Mailing Address Principal Place of Business 5050 10TH AVE N. SUITE A 5050 10TH AVE N. SUITE A LAKE WORTH FL 33463-2062 LAKE WORTH FL 33463 incipal Place of Business 939 125 Aw 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0678359 Not Applicable \$8.75 Additional Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BrandT FOTORNY, KIMBERLEY C 5050 10TH AVE N, SUITE A LAKE WORTH FL 33463 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition VΡ TITLE D ☐ Delete 2641 GATELY DR.W. #606 FORTORNY, PAUL NAME NAME STREET ADDRESS 5050 10TH AVE N STE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Change ☐ Delete TITLE TITLE NAME NAME **BRANDT JERRY** STREET ADDRESS STREET ADDRESS 4939_125TH:AVE.S CITY-ST-ZIP CITY-ST-ZIP LAKEWORTH FL 33467 ☐ Addition ☐ Change Delete TITLE SD TITLE NAME MILLER, BONNIE NAME STREET ADDRESS STREET ADDRESS 16074 66TH CTN CITY-ST-ZIP CITY-ST-ZIP Loxahatchee fl [] Addition ☐ Change TITLE ☐ Delete TITI E NAME NAME KEEN CARMEN STREET ADDRESS STREET ADDRESS 1660 LIVE OAK DR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 Addition FUKELL, TED ACTION PCHANGE [8029 Seminole Prattubility Rd. ☐ Delete TITLE NAME NAME INKELL TED 8029 SEMINOLE POTT WHITNEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXANATCHED FL 33470 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.