2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90144 032 ****61.25

0032382

DOCUMENT # N98000003856

1. Entity Name

SUPPORT DANCE, INC.

Principal Place of Business	Mailing Address
8157-D ANDOVER CT LAKE CLARKE SHORES FL 33406	8157-D ANDOVER CT LAKE CLARKE SHORES FL 33406

B0068319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
924 N. Dixie Highway Suite, Apt. #, etc.	924 N. Dixie Highway Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33460 Country: Palm Beach	Zip: 33460 Country: Palm Beach

4. FEI Number: 65-0854931 ☐ 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
BROCK, BETH ANNE 8157-D ANDOVER CT LAKE CLARKE SHORES FL 33406	Name: Roderick C. Moe Street Address (P.O. Box Number is Not Acceptable): 101 North J Street Suite 2 City: Lake Worth FL Zip Code: 33460

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: Roderick C. Moe — Roderick C. Moe — 3/30/02

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRAND PETERS, CATHY 449 PALO ALTO PALM SPRINGS FL 33461	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Trisha Bishop 7504 Alpha Ct East Lake Clarke Shores, FL 33406	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MIESZEZENSKI, PAY BOYD 2861 MEADOW RD WEST PALM BEACH FL 33406	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIVENS, CRAIG 724 N STREET WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROCK, BETH ANNE 8157-D ANDOVER CT LAKE CLARKE SHORES FL 33406	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EASTON, MARK 1314 LAKE GENEVA DR LAKE WORTH FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GEORGE, FIFI 170 YALE DR LAKE WORTH FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Mark Moore SIGNATURE REQUIRED — 4/8/2 — 585-9387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #