

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006263**

1. Entity Name

THE FOOTLITES SR. DANCE TROUPE, INC.

Principal Place of Business

**783 NE DIXIE HWY
JENSEN BEACH FL 34957**

Mailing Address

**783 NE DIXIE HWY
JENSEN BEACH FL 34957**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0948440

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PINKNEY, PADRICK A
145 NW CENTRAL PARK PLAZA STE 200
PT ST LUCIE FL 34952**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TANGO, MILDRED 783 NE DIXIE HWY JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMPSON, VIRGINIA 783 NE DIXIE HWY JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRIEDMAN, LILA 783 NE DIXIE HWY JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COTHRON, FRAN 783 NE DIXIE HWY JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TARALLO, CAROL 783 NE DIXIE HWY JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JONES, ELIZABETH K 783 NE DIXIE HWY RIO- JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOLORES PRINCIPLE 783 NE DIXIE HWY JENSEN BEACH FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-01

Date

561-232-0504

Daytime Phone #

**FILED
Jan 25, 2001 8:00 am
Secretary of State**

01-25-2001 90185 001 ****61.25

01-25-2001 90185 002 *****8.75



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)