

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90092 025 ***150.00

DOCUMENT # P00000007880**1. Entity Name**
LA CLASE DIVERTIDA, INC.**Principal Place of Business**
1703 ANNISTON AVENUE
HOLLY HILL FL 32117**Mailing Address**
1703 ANNISTON AVENUE
HOLLY HILL FL 32117

00100010



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 **59-3629413**

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****TUMBLESON, J DOYLE**
150 S PALMETTO AVE
DAYTONA BEACH FL 32114

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

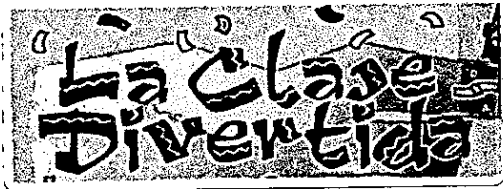
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GAMACHE, DALE
1703 ANNISTON AVE
HOLLY HILL FL 32117 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GAMACHE, ROBIN
1703 ANNISTON AVE
HOLLY HILL FL 32117 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/12/02

Daytime Phone #: 386677-0721

CR2E034 (4/02)



Attachment

9/10/02

#P000000067880

To Whom It May Concern:

This late notice is the first notice I received concerning the \$150.00 (\$550) fee. I was instructed by your office to send this letter of explanation with my \$150.00 check. We are a new corporation and we were not aware of this form at all until I received a late form.

Sincerely,


Dale N. Gamache

La Clase Divertida Inc.
59-3629413