

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008022

1. Entity Name

USTINOV & MARTINSON SCHOOL OF CLASSICAL BALLET,

Principal Place of Business

758 100TH AVE N. #101  
ST PETERSBURG FL 33702

Mailing Address

758 100TH AVE N. #101  
ST PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6331 4St. N

Suite, Apt. #, etc.

6331 4St. N

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33702

Country

USA

Zip

33702

Country

USA

6. Name and Address of Current Registered Agent

SCHUTZ, MISHELE B  
535 CENTRAL AVE  
ST PETERSBURG FL 33701

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

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE P  
NAME USTINOV, ANDREI  
STREET ADDRESS 758 100TH AVE N, #101  
CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ Delete

TITLE VS  
NAME MARTINSON, ELENA  
STREET ADDRESS 758 100TH AVE N, #101  
CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ Delete

TITLE T  
NAME VICKERS, CYNTHIA  
STREET ADDRESS 758 100TH AVE N, #101  
CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

*E. G. Marro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/01

Daytime Phone #

(727) 578-5353

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90238 016 \*\*\*150.00

00001000



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3621731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)

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