

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90193 041 \*\*\*150.00

**DOCUMENT # P00000036921****1. Entity Name**  
**ENCORE DANCE COMPANY OF BAY COUNTY, INC.****Principal Place of Business**  
**105 S. PALO ALTO**  
**PANAMA CITY FL 32401****Mailing Address**  
**105 S. PALO ALTO**  
**PANAMA CITY FL 32401****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number 59-3639649**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HARMON, DANIEL III**  
**427 MCKENZIE AVE.**  
**PANAMA CITY FL 32401**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NIELD, SUZANNE</b> <b>P.O. BOX 940</b> <b>LYNN HAVEN FL 32444</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BOWEN, KAREN</b> <b>104 NEW YORK AVE.</b> <b>LYNN HAVEN FL 32444</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>732 W. PIERSON DR.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>V/T/D</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Karen Bowen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/02 850 814 3477**

Date

Daytime Phone #

CR2E034 (4/02)



**Encore Dance Company  
of Bay County, Inc.**

*Attachment  
# P00000036921  
B0129259*

July 10, 2002

FL Dept. of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Earlier this week, I received notice that I was delinquent in filing my annual Uniform Business Report. This is the first Report that I have received. Evidently, the first Report did not get delivered properly in the mail.

I called your office yesterday and spoke with "Rob". After hearing that we had not received the initial Report, he instructed me to draft this letter of explanation and attach a fee in the amount of \$150.00 instead of the \$550.00 stated on the Report.

Please accept the attached completed Uniform Business Report and annual fee as quoted. Thank you for your understanding. If there are any questions, I can be reached at 850-747-9686.

Sincerely,

Karen L. Bowen  
V.P., Encore Dance Co.