

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90288 017 ***150.00

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DOCUMENT # P01000015719

1. Entity Name

STAGE LEFT THEATRICAL SUPPLY, INC.



Principal Place of Business

**336 GOLFVIEW ROAD #211
NORTH PALM BEACH FL 33408**

Mailing Address

**336 GOLFVIEW ROAD #211
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3866 Prospect Ave

3. Mailing Address

3866 Prospect Ave

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

Riviera Beach, FL

City & State

Riviera Beach

Zip

33404

Country

P.B.

Zip

33404

Country

P.B.

4. FEI Number

65-1073978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

YEATS, SUSAN L

**336 GOLFVIEW ROAD #211
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

Susan L. Yeats

Street Address (P.O. Box Number is Not Acceptable)

3866 Prospect Ave #7

City

Riviera Beach

FL

Zip Code

33404

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

Susan L. Yeats
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **YEATS, SUSAN L**
STREET ADDRESS **336 GOLFVIEW ROAD #211**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VPTD** ☐ Delete
NAME **YEATS, TRISTAN**
STREET ADDRESS **336 GOLFVIEW ROAD #211**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Susan L. Yeats**
STREET ADDRESS **6417 Lauderdale St**
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE **VPTD** ☒ Change ☐ Addition
NAME **Tristan Yeats**
STREET ADDRESS **6417 Lauderdale St**
CITY-ST-ZIP **Jupiter, FL 33458**

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

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

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

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

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 607, 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:

Susan L. Yeats
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan L. Yeats

4/28/03

Daytime Phone #

561-845-2369

CR2E034 (10/02)