

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90146 043 \*\*\*150.00

**DOCUMENT # P01000059501**

1. Entity Name

**AGES & STAGES INCORPORATED**

Principal Place of Business

Mailing Address

7409 TRESCOTT DRIVE  
 LAKE WORTH FL 33467  
 US

7409 TRESCOTT DRIVE  
 LAKE WORTH FL 33467  
 US

2. Principal Place of Business

3. Mailing Address

1114 SE 2nd street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Boynton Bch. FLA.

Zip 33435

Country PO

Zip

Country

4. FEI Number

65-1118833

Applied For

Not Applicable

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

FRASER, DEBRA  
 7409 TRESCOTT DRIVE  
 LAKE WORTH FL 33467

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 due to fee 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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME Debra Fraser ☐ Delete  
 STREET ADDRESS 7409 Trescott Drive Pres:  
 CITY-ST-ZIP Lakeworth, FL 33467

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

4/15/02 (561) 732-8126  
 Date Daytime Phone #

CR2034 (9/01)