

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90112 047 ***150.00

DOCUMENT # P02000002435

1. Entity Name
CENTER STAGE OF HEATHROW, INC.



Principal Place of Business
**290 CHRISWELL PLACE
HEATHROW FL 32746**

Mailing Address
**290 CHRISWELL PLACE
HEATHROW FL 32746**



2. Principal Place of Business
290 Chriswell Place
Suite, Apt. #, etc.

3. Mailing Address
290 Chriswell Pl
Suite, Apt. #, etc.
Heathrow, FL 32746

City & State

City & State

4. FEI Number

94-3414204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 W AVENUE, SUITE 1114
MIAMI FL 33139**

7. Name and Address of New Registered Agent

Name **Carol Adubato**
Street Address (P.O. Box Number is Not Acceptable)
290 Chriswell Place
City **Heathrow FL** Zip Code **32746**

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 **Carol Adubato**

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

(NOTE: Registered Agent signature required when reinstating)

3/18/03

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 **D** ☐ Delete
NAME **ADUBATO, CAROL**
STREET ADDRESS **290 CHRISWELL PLACE**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **D** ☐ Delete
NAME **BROKAW, RENEE**
STREET ADDRESS **1397 TASDWORTH**
CITY-ST-ZIP **HEATHROW FL 32746**

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

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

TITLE ☐ Change ☐ Addition
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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: **Carol Adubato**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 **407-829-4938**

Date

Daytime Phone #

CR2E034 (10/02)