

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90215 025 \*\*\*150.00

**DOCUMENT # P02000041443**

1. Entity Name  
**WEST FLORIDA YOUTH BALLET INC.**



Principal Place of Business  
**3705-3 TAMPA ROAD  
OLDSMAR FL 34677**

Mailing Address  
**3705-3 TAMPA ROAD  
OLDSMAR FL 34677**

**55050021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**71-0846584**

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

7. Name and Address of New Registered Agent

**MACHLE, VICKI L  
3990 STONE HOLLOW CT. #26  
PALM HARBOR FL 34684**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>P</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>MACHLE, VICKI L</b>           |                                 |
| STREET ADDRESS | <b>3990 STONE HOLLOW CT. #26</b> |                                 |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34684</b>      |                                 |
| TITLE          | <b>V</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>MACHLE, FRANKLIN D</b>        |                                 |
| STREET ADDRESS | <b>3990 STONE HOLLOW CT. #26</b> |                                 |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34684</b>      |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
Doc # 202000041443

55050021

Vicki Machle  
West Florida Youth Ballet  
3705-3 Tampa Rd.  
Oldsmar, Florida 34677


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

To Whom It May Conern:

I have made an error. When I received this form, having never seen one before, I did not understand what it was or what it was for, and decided to wait and bring it into my accountant to explain it to me. That was yesterday, May 6<sup>th</sup>. Today, I know exactly how important this document is and what it is for. I am so sorry. Please except my payment of \$150.00 and know that hence forth I will be in compliance with all rules and regulations of your department.

Thank-you so much for your consideration in this matter,

Vicki Machle



Owner, West Florida Youth Ballet