## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

P02000062696 DOCUMENT #

**SIGNATURE:** 



**FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 91804 016 \*\*\*150.00

813-877-1021

| 455679 |
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| JACKIE'S  | DANCE STUDIO & JAZZ CE   | ENTER, INC.  |  |  | 03-03-2003 9180-  | +010 130.                  | 00                          |  |
|---|--|--|--|--|---|----------------------------|-----------------------------|--|
| Principal Plac<br>1005 N MACO<br>TAMPA FL 33  |  | Mailing Address<br>1005 N MACDILL AVE<br>TAMPA FL 33807          |  |  |   | #H <b>#</b> #HH# H#H# #HH# |                             |  |
| 1007  |  |  | -6141  |  |   |                            |                             |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |  |  | CHECK HERE IF MAK   | ING CHANGES                |                             |  |
| City & Stat   | - 1 · 1  | City & State   |  |  | 4. FEI Number 59 · 20 63 53   | <b>⊢</b>                   | oplied For<br>ot Applicable |  |
| 33607   | Country,<br>Hills hands  | 33623-6141   | Country 1. Ushy                                |  | 5. Certificate of Status Desired  | \$8.75 Add<br>Fee Require  | ditional                    |  |
|   | 6. Name and Address of Current F   | Registered Agent   | Name   |  | 7. Name and Address of New Register   | red Agent                  |                             |  |
| LOTO, JOAQUINA A<br>1005 N MACDILL AVE<br>TAMPA FL 33607  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |   |                            |                             |  |
|   |  |  | City   | m  |   |                            | 0+                          |  |
| 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 ar  | nd title if applicable. (NOTE: FI                                | egistered Agent signatur                       | re required v                                      | when reinstating)   | ΤE                         |                             |  |
| , Afte  | ILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>k Payable to Florida Department of | State  |  |  | Election Campaign Financing     Trust Fund Contribution.  | _ +                        | May Be I to Fees            |  |
| 10.   | OFFICERS AND D   |  | 11.  |  | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS              | S IN 11                     |  |
| TITEE NAME STREET ADDRESS CITY-ST-ZIP   | PSTD<br>LOTO, CHRISTOPHER J<br>1005 N MACDILL AVE<br>TAMPA FL 33607                                    | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>LOTO<br>100:                               | , CHRISTOPHER J.<br>IN, Himes Ave   | Change                     | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VD<br>LOTO, JOAQUINA A<br>1005 N MACDILL AVE<br>TAMPA FL 33607   | ☐ Delete   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP       | VD<br>1970<br>1997                                 | JOAQUINA A. N. Mimes Ave A, [1.33607  | Change                     | ☐ Addition                  |  |
| TITLE   | THURST E GOOD!   | ☐ Delete   | TITLE  | 10,000   | H, (t)  | Change                     | Addition                    |  |
| NAME STREET ADDRESS CITY-ST-ZIP   | المراجعين ووسرير المستدار  |  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |  | , , , , , , , , , , , , , , , , , , ,   |                            |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   | ☐ Change                   | Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | •   | ☐ Change                   | Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | √ □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | :   | ☐ Change                   | - Addition                  |  |
| indicated<br>of the cor   | on this report or supplemental report is t   | true and accurate and that my<br>wered to execute this report as | signature shall ha                             | ve the sa  | tion 119.07(3)(i), Florida Statutes. I further<br>ame legal effect as if made under oath; the<br>Florida Statutes; and that my name appea | at I am an officer         | or director                 |  |