

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-09-2003 90114 024 ***150.00
P02000120441

SECRET
DIVISION OF CORPORATIONS

03 OCT -1 PM 3:49

DOCUMENT # P02000120441

1. Entity Name
THE FLORIDA CHEERLEADING COMPANY



Principal Place of Business
1870 EMERALD GREEN CIRCLE
OVIEDO FL 32765

Mailing Address
1870 EMERALD GREEN CIRCLE
OVIEDO FL 32765

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

43-1984811

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

MUTTY, LAUREN E
1870 EMERALD GREEN CIRCLE
OVIEDO FL 32765

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 P
NAME MUTTY, LAUREN E
STREET ADDRESS 1870 EMERALD GREEN CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME FINN, RITA C
STREET ADDRESS 1870 EMERALD GREEN CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

☐ 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

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

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:

Lauren E. Mutty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03

Date

407-509-0865

Daytime Phone #

CR2E034 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 24, 2003

THE FLORIDA CHEERLEADING COMPANY
1870 EMERALD GREEN CIRCLE
OVIEDO, FL 32765

SUBJECT: THE FLORIDA CHEERLEADING COMPANY
Ref. Number: P02000120441

Debit Memo #: 40066-H

This is to inform you that check #135 dated APRIL 24, 2003 in the amount of \$150.00 submitted with the annual report/uniform business report for THE FLORIDA CHEERLEADING COMPANY has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$165.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report/uniform business report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after September 24, 2003 and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Pat Bailey
Accountant II

Letter Number: 403A00043150

Pat,

I called you
yesterday regarding
this! Thanks for your
help!

Thanks,

Lamen Muth
4075090865

Amly;

This one was
covered in the
general dissolution.
She sent people to

Pat