

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State
 01-31-2002 90181 039 ***150.00

DOCUMENT # P93000043101
1. Entity Name
 SPACE COAST CHEERLEADER TRAINING CENTER, INC.

Principal Place of Business
 3390 NORTH COURTENAY PARKWAY
 MERRITT ISLAND FL 32953
 US

Mailing Address
 508 HIDDEN HOLLOW DRIVE
 BAY J
 MERRITT ISLAND FL 32952
 US

2. Principal Place of Business
 3390 N. Courtenay Pkwy
 Suite, Apt. #, etc.
 unit # H

3. Mailing Address
 508 Hidden Hollow Drive
 Suite, Apt. #, etc.

City & State
 Merritt Island Fla
 Zip
 32953
 Country
 Brevard

City & State
 Merritt Island Fla
 Zip
 32952
 Country
 Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3185264 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LAWSON, DEBORAH S
 508 HIDDEN HOLLOW DRIVE
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent
 Name: Deborah S. Lawson
 Street Address (P.O. Box Number is Not Acceptable): 508 Hidden Hollow Drive
 City: Merritt Island FL Zip Code: 32952

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	DP LAWSON, DEBORAH S 508 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Deborah S. Lawson* **1-14-2002** **321-452-4716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)