

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90166 024 ***150.00

0541901 AV

DOCUMENT # P93000051456

1. Entity Name

TOP CONTENDERS GYMNASTICS ACADEMY, INC.

Principal Place of Business

**9629 AMILIA AVE.
 SUITE 1
 HUDSON FL 34667
 US**

Mailing Address

**9629 AMILIA AVE.
 SUITE 1
 HUDSON FL 34667
 US**

857225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**116621 U.S. Hwy 19 N.
 Suite, Apt. #, etc.**

3. Mailing Address

**116621 U.S. Hwy 19 N.
 Suite, Apt. #, etc.**

City & State

Hudson FL

City & State

Hudson FL 34667

4. FEI Number

59-3197107

Applied For

Not Applicable

Zip

34667 U.S.

Country

Zip

34667 U.S.

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STRAZZULLO, ELIZABETH
 9629 AMILIA AVE
 SUITE 1
 HUDSON FL 34667**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ Delete
 NAME **STRAZZULLO, ELIZABETH A**
 STREET ADDRESS **9629 AMILIA AVE., SUITE 1**
 CITY-ST-ZIP **HUDSON FL**

TITLE **T** ☐ Delete
 NAME **STRAZZULLO, CHARLES**
 STREET ADDRESS **9629 AMILIA AVE STE 1**
 CITY-ST-ZIP **HUDSON FL 34667**

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

12. 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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:

Elizabeth Strazzullo
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/25/02 **Bus 727 862-2940**
at 727 808-7973
 Date Daytime Phone #

CR2E034 (9/01)