

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90055 029 ***150.00

DOCUMENT # P95000090094

1. Entity Name

MEDALIST ALL-STAR GYMNASTICS, INC.

Principal Place of Business

**6551 43RD STREET NORTH
 #1402/1403
 PINELLAS PARK FL 33781
 US**

Mailing Address

**6551 43RD STREET NORTH
 #1402/1403
 PINELLAS PARK FL 34665
 US**

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

65-0629646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRANE, CYNTHIA A
 5618 LEE STREET NORTHEAST
 ST. PETERSBURG FL 33703**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **CRANE, CYNTHIA A**
 CITY-ST-ZIP **5618 LEE STREET NORTHEAST
 ST. PETERSBURG FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **446 49th Avenue North**
 CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **FREY, KRISTIN**
 CITY-ST-ZIP **404 1ST AVENUE SOUTH
 TIERRA VERDE FL**

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

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **SOLTIS, JEANENE**
 CITY-ST-ZIP **150 87TH AVENUE NORTH
 ST PETERSBURG FL**

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

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **OAKES, VERONIKA**
 CITY-ST-ZIP **7694 62ND STREET NORTH
 ST. PETERSBURG FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2526 Indigo Drive**
 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SIMS, GAIL**
 CITY-ST-ZIP **2582 60TH AVENUE SOUTH
 ST. PETERSBURG FL 33712**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TATRO, SHELLI**
 CITY-ST-ZIP **2158 6TH AVE. N.
 SAINT PETERSBURG FL 33713**

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: Cynthia A. Crane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

(727) 898-5151

Daytime Phone #

CR2E034 (9/01)