## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # **P96000022456** NEDIN-JOHNSON ACADEMY OF DANCE, INC. 01-26-2001 90049 050 \*\*\*150.00 Principal Place of Business Mailing Address 1053-6 SAN JOSE BLVD. 8737 SE RIVERFRONT TERR. JACKSONVILLE FL 32257 **TEQUESTA FL 33469** 704238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3365691 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEDIN-JAMES E-Street Address (P.O. Box Number is Not Acceptable) 8737 SE RIVERFRONT TERR. TEQUESTA FL 33469 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ۷D TITLE ☐ Delete ☐ Change ☐ Addition TITLE BARRETT, VICKI NAME NAME 16916 NORTH MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NEDIN, NANCY NAME NAME 8737 S.E. RIVER FRONT TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NEDIN, JAMES NAME STREET ADDRESS 8737 S.E. RIVER FRONT TERRACE STREET ADDRESS CITY-ST-ZIP **TEQUESTA FL 33469** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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. TREASURER

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SE AND TYPED OR PRINTEDWARE OF SIGNING OFFICER OR DIRECTOR