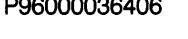
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000036406 **DOCUMENT #**

changed or on an attachment with an address,

SIGNATURE:

1. Entity Name CHEER ELITE, INC.





FILED Apr 22, 2003 8:00 am Secretary of State 04-22-2003 90060 037 ***150.00

Daytime Phone #

3 /									
Principal Place of Business Mailing Address 1001 BURNS AVE 237 WILSON AVE					ŀ	1100626	n h		
LAKE WALES FL 33853 BABSON PARK FL 33827					'	11000200			
UQ Br	incipal place		Senly	\mathcal{D}					
2. Principal Place of Business Ds. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & St	City & State			4. FEI Number 56-3375258 Applied For Not Applicable			
Zip	Country	Zip		Country	5 . C	ertificate of Status Desired	\$8.75 Add Fee Required	litional	
	6:-Name and Address of Curr	ent Registered A	jent	· · · · · · · · · · · · · · · · · · ·	7N	ame and Address of New Registered	Agent		
ODGGUTTO DELIDORE II					Name				
	, DEIRDRE K			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
237 WILSO									
BABSON F	PARK FL 33827								
				City		F	Zip Code	Э	
		nt for the purpose	of changing its re	gistered office or regis	stered age	ent, or both, in the State of Florida. I am	ı familiar with,	and accept	
the obliga	tions of registered agent.	(1) h.	. •			11.0	1 _		
SIGNATURE	Murdreg)	<u>.[rockl</u>	<u>ケー</u>			4/18/	03		
* ,	Signature, typed or printed name of registered a	igent and title if applicable	i. (NOTE: Re	egistered Agent signature req	uired when rein	nstating) CATE			
	ILE NOW!!! FEE IS \$150.00	1				9. Election Campaign Financing	\$5.0	0 May Be	
	r May 1, 2003 Fee will be \$550 k Payable to Florida Departmei		ب ي∸د					to Fees	
10.		ND DIRECTORS		11.	ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR!	S IN 11	
TITLE	D	AND DIRECTORS	☐ Delete	TITLE	٨٥١	STICKS CHANGES TO OFFICERS AN	☐ Change	Addition	
NAME	CROCKER, DEIRDRE K		Delete	NAME					
STREET ADDRESS	237 WILSON AVE			STREET ADDRESS					
CITY-ST-ZIP	BABSON PARK FL 33827			CITY-ST-ZIP					
TITLE			☐ Delete	TITLÉ			☐ Change	☐ Addition	
NAME	,			NAME CTREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
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CITY-ST-ZIP				CITY-ST-ZIP					
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CITY-ST-ZIP			m				Change	☐ Addition	
TITLE NAME			Delete	TITLE NAME			☐ Change	Addition	
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CITY-ST-ZIP				CITY-ST-ZIP	٠.				
TITLE			☐ Delete	TITLE			Change	Addition	
			ļ	NAME					
STREET ADDRESS	ļ			STREET ADDRESS	*				
				L					
NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby indicated	Lon this report or supplemental rep-	with this filing doe	s not qualify for th	NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in signature shall have to	he same le	19.07(3)(i), Florida Statutes. I further ca egal effect as if made under oath; that I la Statutes; and that my name appears	ertify that the in	nformation or director	