2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P96000059226 DOCUMENT #

1. Entity Name

Principal Place of Business 119 CLEVELAND AVE.

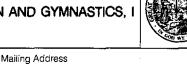
PENNY, S SCHOOL OF DANCE, BATON AND GYMNASTICS, I



Secretary of State 01-21-2003 90524 016 ***150.00

FILED

Jan 21, 2003 8:00 am



119 CLEVELAND AVE.

LARGO FL 37770 LARGO FL 37770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1438661 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JANOWSKI, PENNY M Street Address (P.O. Box Number is Not Acceptable) 119 CLEVELAND AVE. **LARGO FL 37770** City 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JANOWSKI, JAMES M NAME NAME STREET ADDRESS 316 Velma dr STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Addition TITLE ☐ Change JANOWSKI, PENNY NAME NAME STREET ADDRESS 316 VELMA DR STREET ADDRESS CITY-ST-ZIP Largo FL CITY-ST-ZIP Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ Delete

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☐ Change

☐ Change

☐ Change

☐ Addition

■ Addition

Addition