

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90111 019 ***550.00

DOCUMENT # P96000067899
 1. Entity Name Papovich Dance & Tumbling Center, Inc.

Principal Place of Business Mailing Address
19635 State Rd 7 STE 36
Boca Raton, FL 33498-4746

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 65-0700959 Applied For.
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

80104906
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Melissa J. Trainer
18218 S. 104th Terrace
Boca Raton, FL 33498

7. Name and Address of New Registered Agent
 Name Juliet McDuffie
 Street Address (P.O. Box Number is Not Acceptable) 100 NE 17th Street
 City Delray Bch FL Zip Code 33444

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 Juliet McDuffie DATE _____
Signature, typed or printed name of registered agent and title if applicable. (Not if Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

TITLE	<u>President, Secretary, Treasurer</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Melissa J. Trainer</u>	
STREET ADDRESS	<u>18218 S. 104th Terrace</u>	
CITY-ST-ZIP	<u>Boca Raton, FL 33498</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>President / Secretary, Treasurer</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Juliet McDuffie</u>	
STREET ADDRESS	<u>100 NE 17th Street</u>	
CITY-ST-ZIP	<u>Delray Bch, FL 33444</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Melissa J. Trainer / President Date 561-483-1894
Signature and typed or printed name of signing officer or director

Juliet McDuffie / President

CR2E034 (9/99)