## P96000071375 **DOCUMENT #**

1. Entity Name

LACEY DANCER, INC.

Principal Place of Business

15208 N 101ST TRAIL JUPITER FL 33478

Mailing Address

15208 N 101ST TRAIL JUPITER FL 33478

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

## Apr 30, 2002 8:00 am § Secretary of State **FILED**

O B B B B B B



DO NOT WRITE IN THIS SPACE

City & State			City & State			4. FEI Number 65-0699584				<u> </u>	plied For t Applicable
Zip	Country Zip			Cour	Country		5. C	ertificate of Status Desired		\$8.75 Add Fee Required	litional
	6. Name and Address	of Current Reg	istered Agent				7. Na	ame and Address of New R	egistered	Agent	
			<del>7.</del>		Name	-					
CLARY, SYDNEY A					Street Address (P.O. Box Number is Not Acceptable)						
	101ST TRAIL										
JUPITER F	FL 33478									1 ~ ~ .	
					City				FL	Zip Code	)
8. The above	named entity submits this	statement for the	e purpose of changing	its register	ed office or	registered	age	ent, or both, in the State of Flo	rida.		
, ,											
SIGN TURE.	Signature, typed or printed name of	registered agent and t	itle if applicable. (N	OTE: Registere	ed Agent signatur	re required wh	nen reir	nstating)	DATE		
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)     </li> </ol>			After May 1,	IS \$150.00 will be \$550.00 epartment of State			10. Election Campaign Fin Trust Fund Contribution			<b>0</b> May Be I to Fees	
11. OFFICERS AND DIRECTORS 12							1	DITIONS/CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11
TITLE	D		☐ Delete	TITL	E	0101		*****		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	CLARY, SYDNEY A 15208 N 101ST TRAIL JUPITER FL 33478				ME EET ADDRESS 7-ST-ZIP	Clary	ج ع	Sydney A oist to N or, FL 33479_			
TITLE	00111E111 E 00470		☐ Delete	TITL	.E	<u>.                                     </u>				☐ Change	Addition
NAME.			n e co <del>nse</del> nsas as	NAM	4E	Clary		1015 D		••	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP			FL 33478			
TITLE			☐ Delete	TITL	E	5				☐ Change	Addition
NAME			Boloto	NAM	1E	Clary	- 6	latterson, Vicey	E		_
STREET ADDRESS						-		. 3r <sup>3</sup> 3			
CITY-ST-ZIP			<u> </u>		/-ST-ZIP	2nb	/ he	4, FL 33468		☐ Change	☐ Addition
TITLE NAME			☐ Delete	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				CITY	r-ST-ZIP						
TITLE			Delete	TITL						☐ Change	Addition
NAME				NAM	ME EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					r-ST-ZIP						
TITLE			☐ Delete	TITL	.E					Change	Addition
NAME				NAM	-						
STREET ADDRESS					EET ADORESS						
CITY-ST-ZIP	<u> </u>				/-ST-ZIP						
13. I hereby	certify that the information		s filing does not qualify	for the exe	emption state	ed in Sect	ion 1	19.07(3)(i), Florida Statutes.	Liturther ce	rtity that the ir am an officer	normation or director

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.