

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047169

1. Entity Name

POWERHOUSE DANCE SERVICES, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90079 014 \*\*\*150.00

Principal Place of Business  
931 E. KLOSTERMAN RD.  
TARPON SPRINGS FL 34689

Mailing Address  
931 E. KLOSTERMAN RD.  
TARPON SPRINGS FL 34689-3916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1969 SUNSET PT. RD.  
Suite, Apt. #, etc. #12

3. Mailing Address  
1969 SUNSET PT. RD.  
Suite, Apt. #, etc. #12

City & State  
CLEARWATER, FL.

City & State  
CLEARWATER, FL.

Zip  
33765

Country  
USA

Zip  
33765

Country  
USA

4. FEI Number 59-3452267

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERMINO, MICHAEL  
927 E. KLOSTERMAN RD.  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, BARRY T	
STREET ADDRESS	931 E. KLOSTERMAN RD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	WRIGHT, BARRY T	
STREET ADDRESS	931 E. KLOSTERMAN RD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1969 SUNSET PT. RD. #12	
STREET ADDRESS	CLEARWATER, FL. 33765	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1969 SUNSET PT. RD. #12	
STREET ADDRESS	CLEARWATER, FL. 33765	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARRY T. WRIGHT  
BARRY T. WRIGHT 4-12-00 722-445-9755

CR2E034 (9/99)