

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91001 031 ***150.00

DOCUMENT # P97000061316

1. Entity Name

SUNDANCE MARKETING CONCEPTS, INC.

Principal Place of Business

**4700 140TH AVENUE N
SUITE 208
CLEARWATER FL 33762
US**

Mailing Address

**4700 140TH AVE N
SUITE 208
CLEARWATER FL 33762
US**

2. Principal Place of Business

11515 66th Street North

3. Mailing Address

11515 66th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLargo, FL 33773

City & State

Largo, FL

4. FEI Number

59-3460781

Applied For

Not Applicable

33773

Country

USA

Zip

33773

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUER, DANA
4700 140TH AVENUE N
SUITE 208
CLEARWATER FL 33762**

Name

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

11515 66th Street North

City

Largo

FL

Zip Code
33773

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **BAUER, DANA L**
CITY-ST-ZIP **4700 140TH AVENUE N, SUITE 208
CLEARWATER FL 33762**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11515 66th Street North**
CITY-ST-ZIP **Largo, FL 33773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/01

Daytime Phone #

727-524-6078

CR2E034 (10/00)