2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P97000078897

1. Entity Name

METRO GYMNASTICS OF OSCEOLA INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90228 003 ***150.00

				500 W. 180				
Principal Pla	ace of Business	Mailing Addres		<u> </u>				
107 E. 17TH		107 E. 17TH S						
ST. CLOUD FL 34769		ST. CLOUD FL						
	•	St. GLOUD FL	V+103		1126((24) (35 16))(36)) 4-00			-
	_		•					
Principal Place of Business Address Mailing Address			ess					
						-		
Suite, Ap	t. #, etc.	Suite, Apt. #,	etc.			E 144///:		_
					☐ CHECK HERE I	F MAKING	CHANGE	S
City & Sta	ate	City & State	City & State		4. FEI Number FO 0407400 Applied For			
Zip				<u> </u>	59-3467409			Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		\$8.75 A	dditional
6. Name and Address of Current Registered Agent			<u> </u>	T		_ ,	ee Requi	red
			<u> </u>	Name	7. Name and Address of New Re	gistered A	gent	
SUTTER, BERNARD R								
	SKY BLVD.	•	i	Street Address	(P.O. Box Number is Not Acceptable)			
	EE FL 34741					_		
MMICCIA	EE FL 34/41		ı					
	•			City		FL	Zip Co	de
8. The above	e named entity submits this statemen	at for the nursose of chr	anging ite registers	d office c	and and a last to the state of		1 '	
the obliga	itions of registered agent.	and the purpose of the	anging its registere	ra onice or registe	red agent, or both, in the State of Flori	ida. I am fa	miliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered as	gent and title if englicable	(NOTE: B					
		gont and mile it applicable.	(NOTE: Hegistered	Agent signature required	d when reinstaling)	DATE		
	TLE NOW!!! FEE IS \$150.00				O Floation Committee Fire			
Make Check	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen	00 t of State			 Election Campaign Fina Trust Fund Contribution. 		\$5.0	00 May Be
		1			Additional Continuation.		Adde	d to rees
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 11
TITLE	DP	☐ De	lete TITLE				☐ Change	Addition
NAME STREET ADDRESS	EMERY, CAROL		NAME		-			_
STREET ADDRESS CITY-ST-ZIP	2490 BAR LOU CT. ST. CLOUD FL 34771			T ADDRESS				
	····	- · · · · · · · · · · · · · · · · · · ·	CITY-:	ST-ZIP				
TITLE NAME	DV	□ De				-	Change	☐ Addition
STREET ADDRESS	EMERY, LOUIS		NAME					- 1
CITY-ST-ZIP	2490 BAR LOU CT.			TADDRESS				}
	ST. CLOUD FL 34771		CITY-S	ST-ZIP				
title Name	in the management of the	. 📮 De					Change	☐ Addition
			NAME	. ** = *	التنسير المحادات المحادثات			
STREET ADDRESS CITY-ST-ZIP				ADDRESS				
			CITY-S	ol-ZIP				
TITLE NAME		☐ Del					Change	☐ Addition
STREET ADDRESS			NAME	1,000540				
CITY-ST-ZIP	!			ADDRESS				
TITLE			CITY-S	1-ZIP				
IAME		☐ Del	**				Change	Addition
STREET ADDRESS			NAME	1				}
STY-ST-ZIP				ADDRESS				j
			CITY-S	T-ZIP				
ITLE		☐ Dele	ete TITLE	1			Change	☐ Addition
TREET ADDRESS			NAME	İ			•	
ITY-ST-ZIP				ADDRESS				
	ertify that the information symplical	14 A - 14 A	CITY-S	r-zip				
. I IIIHEED\/ Ci		All Alberta Cities as all a second and a			·			

I hereby certify that the information supplied with this filling 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

SIGNATURE: