

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90028 049 ***150.00

DOCUMENT # P98000048283

1. Entity Name

FLORIDA ALLSTAR CHEER & DANCE
 ACADEMY, INC.

Principal Place of Business

117 Pierce Christie Dr.
 Valrico, FL 33594

Mailing Address

117 Pierce Christie Dr.
 Valrico, FL 33594

C0074052

2. Principal Place of Business

117 Pierce Christie Dr.

Suite, Apt. #, etc.

3. Mailing Address

117 Pierce Christie Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Valrico, Florida

City & State

Valrico, Florida

4. FEI Number

59-3512084

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

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

FISHER, TERRANCE P.
 117 Pierce Christie Drive
 Valrico, Florida 33594

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

Terrance P. Fisher

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

Terrance P. Fisher

(NOTE: Registered Agent signature required when reinstating)

7/11/01

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 11, 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	PD	<input type="checkbox"/> Delete
NAME	FISHER, TERRANCE P.	
STREET ADDRESS	117 Pierce Christie Drive	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Terrance P. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terrance P. Fisher

7/11/01

813/643-6111

Date

Daytime Phone #

CR2E034 (11/00)