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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like o

SIGNATURE:

Mar 22, 2001 8:00 am DOCUMENT # P98000072766 Secretary of State DANCING WITH DENNY, INC. 03-22-2001 90062 031 ***150.00 Principal Place of Business Mailing Address 1241 FRUIT COVE ROAD, NORTH P.O. BOX 24668 JACKSONVILLE FL 32259 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3534875 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, MEREDITH A Street Address (P.O. Box Number is Not Acceptable) 3617 CROWN POINT RD. SUITE #1 JACKSONVILLE FL 32259 City Zip Code mits this statement for the gistered office or registered agent, or both, in the State of Florida 8. The above name SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPVS** CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition DENNY, JOANNA B NAME NAME 1241 FRUIT COVE RD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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; of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applications are required by Chapter 607.