

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000079207**1. Entity Name
DELTONA DANCE ACADEMY, INC.Principal Place of Business
840 DELTONA BLVD.
SUITE W
DELTONA FL 32725
Mailing Address
1831 SPRINGWOOD LANE
DELTONA FL 32725

2. Principal Place of Business

3. Mailing Address

269 BAYOU CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

DEBARY

FL

4. FEI Number

59-3541610

Applied For

Not Applicable

Zip

Country

Zip

Country

32713

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

HARKCOM SHELLEH M
1831 SPRINGWOOD LANE

DELTONA FL 32725

Name

HARKCOM SHELLEH M

Street Address (P.O. Box Number is Not Acceptable)
269 BAYOU CIRCLECity
DEBARY

FL

Zip Code
32713

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)

04/29/2001

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, 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 VP ☐ Delete
NAME HARKCOM MICHAEL R
STREET ADDRESS 1831 SPRING WOOD LN
CITY-ST-ZIP DELTONA FL 32725TITLE VP ☒ Change ☐ Addition
NAME HARKCOM MICHAEL R
STREET ADDRESS 269 BAYOU CIRCLE
CITY-ST-ZIP DEBARY FL 32713TITLE P ☐ Delete
NAME HARKCOM SHELLEH
STREET ADDRESS 1831 SPRING WOOD LN
CITY-ST-ZIP DELTONA FL 32725TITLE P ☒ Change ☐ Addition
NAME HARKCOM SHELLEH
STREET ADDRESS 269 BAYOU CIRCLE
CITY-ST-ZIP DEBARY FL 32713TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: MICHAEL R HARKCOM

VP

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)