

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086470

1. Entity Name

DANCE ACADEMY OF DEERFIELD BEACH, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90088 005 ***150.00

711196



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| Principal Place of Business 849 SOUTHEAST 8TH AVENUE DEERFIELD BEACH FL 33441 | | Mailing Address 849 SOUTHEAST 8TH AVENUE DEERFIELD BEACH FL 33441 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 4. FEI Number 59-2356433 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent EISELE, DIANA 849 SOUTHEAST 8TH AVENUE DEERFIELD BEACH FL 33441 | 7. Name and Address of New Registered Agent Name Helton, Mary Street Address (P.O. Box Number is Not Acceptable) 849 SE 8TH AVE City Deerfield Beach FL Zip Code 33441 |
|--|---|

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 Mary Wickens DATE 1-24-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | P EISELE, DIANA 849 SE 8TH AVE DEERFIELD BCH FL 33441 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HELTON, MARY 849 SE 8TH AVE DEERFIELD BCH FL 33441 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Wickens, Mary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Wickens, Phillip <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 849 SE 8TH AVE Deerfield Beach FL 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Mary Wickens DATE 1-24-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

Attachment

098000086490
71196

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license is not valid unless seal of Clerk,
County Court, appears thereon.

(STATE FILE NUMBER)

Apr-22-1999 12:36pm 99-165472
ORB 11066 Pg 873
DOROTHY H. WILKEN, CLERK PS COUNTY, FL
[Barcode]

1999-00008 S

(APPLICATION NUMBER)

APPLICATION TO MARRY

| | | | |
|--|--|---|------------------------|
| 1. GROOM'S NAME (First, Middle, Last) PHILLIP HOWARD WICKINS | | 2. DATE OF BIRTH (Month, Day, Year) JUL 04 1967 | |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION DEERFIELD BEACH | | 3b. COUNTY BROWARD | 3c. STATE FL |
| 4. BIRTHPLACE (State or Foreign Country) BRAZIL | | | |
| 5a. BRIDE'S NAME (First, Middle, Last) MARY LOUISE HELTON | | 5b. MAIDEN SURNAME (if different) SKERIK | |
| 6. DATE OF BIRTH (Month, Day, Year) OCT 17 1968 | | | |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION DEERFIELD BEACH | | 7b. COUNTY BROWARD | 7c. STATE FL |
| 8. BIRTHPLACE (State or Foreign Country) FLA | | | |

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

| | |
|--|---|
| 9. SIGNATURE OF GROOM <i>Phillip Howard Wickins</i> | 10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) APR 06 1999 |
| 11. TITLE OF OFFICIAL DEPUTY CLERK | 12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i> |
| 13. SIGNATURE OF BRIDE <i>Mary Louise Helton</i> | 14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) APR 06 1999 |
| 15. TITLE OF OFFICIAL DEPUTY CLERK | 16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i> |

LICENSE TO MARRY

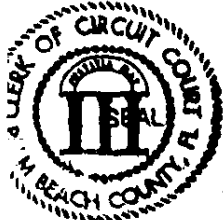
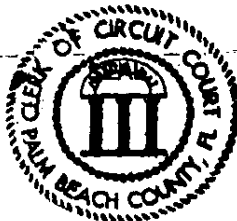
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

| | | | |
|--|---|---|--|
| 17. COUNTY DEERFIELD BEACH | 18. DATE LICENSE ISSUED APR 06 1999 | 19a. DATE LICENSE EFFECTIVE APR 09 1999 | 19b. EXPIRATION DATE JUN 05 1999 |
| 20a. SIGNATURE OF CLERK OR JUDGE <i>[Signature]</i> | 20b. TITLE CLERK OF THE CIRCUIT | | 20c. BY D.O. <i>[Signature]</i> |

CERTIFICATE OF MARRIAGE

CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

| | |
|---|---|
| 21. DATE OF MARRIAGE (Month, Day, Year) 7-10-99 | 22. CITY, TOWN, OR LOCATION OF MARRIAGE Deerfield |
| 23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i> | 23b. ADDRESS (Of person performing ceremony) 7961 NW 51 ST. Deerfield |
| 23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY Diane M. Sweet Commission # 00811321 Expires Feb. 21, 2003 Resided Thru Atlantic Building Co., Inc. | 24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i> |
| | 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i> |



SEAL

STATE OF FLORIDA - PALM BEACH COUNTY
I HEREBY CERTIFY THAT THE FOREGOING IS
A TRUE AND CORRECT COPY AS FILED IN
MY OFFICE

THIS 11 DAY OF May 19 99
DOROTHY H. WILKEN
CLERK OF CIRCUIT COURT
By: *[Signature]*
DEPUTY CLERK

