941-761-8868

2002 Uniform Business Report (UBR)

SIGNATURE

Apr 03, 2002 8:00 am Secretary of State P99000049387 DOCUMENT # 1. Entity Name 04-03-2002 90500 038 ***150 00 SINCLAIR DANCE ACADEMY, INC. Principal Place of Business Mailing Address 6600 MANATEE AVE W 6600 MANATEE AVE W **BRADENTON FL 34209 BRADENTON FL 34209** HS US 2. Principal Place of Business 3. Mailing Address 7451 Manateeltve W 7451 Manatee HueW. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0930185 **Bradenton** Drudenton Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WICKMAN & WYCKOFF, P.A. Street Address (P.O. Box Number Is Not Acceptable) 4909 MANATEE AVENUE WEST **BRADENTON FL 34209** City Zip Code FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 5 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SINCLAIR, REBECCA NAME STREET ADDRESS 1023 92ND ST NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SUNCLAIR, REBECCA NAME STREET ADDRESS 1023 92ND ST NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME SINCLAIR, REBECCA NAME STREET ADDRESS -1023-92ND-ST-NW-STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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.