

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90206 001 ***150.00

DOCUMENT # P99000049387

1. Entity Name

SINCLAIR DANCE ACADEMY, INC.



Principal Place of Business

7451 MANATEE AVENUE W
BRADENTON, FL 34209 US

Mailing Address

7451 MANATEE AVENUE W
BRADENTON, FL 34209 US

2. Principal Place of Business

7451 Manatee Ave W

Suite, Apt. #, etc.

3. Mailing Address

7451 Manatee Ave W

Suite, Apt. #, etc.



04302004

Chg-P

CR2E034 (10/03)

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0930185

Applied For

Not Applicable

Zip

34209

Country

USA

Zip

34209

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SINCLAIR, REBECCA	
STREET ADDRESS	1023 92ND ST NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	S	<input type="checkbox"/> Delete
NAME	SINCLAIR, REBECCA	
STREET ADDRESS	1023 92ND ST NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	T	<input type="checkbox"/> Delete
NAME	SINCLAIR, REBECCA	
STREET ADDRESS	1023 92ND ST NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #