

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90021 015 ***150.00

DOCUMENT # P99000051022

1. Entity Name
DANCE ARTS INC.

Principal Place of Business
**C/O DOROTHY LISTER
3670 FOREST GLENN DRIVE
PENSACOLA FL 32504**

Mailing Address
**C/O DOROTHY LISTER
3670 FOREST GLENN DRIVE
PENSACOLA FL 32504**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-4062788**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LISTER, DOROTHY
3670 FOREST GLENN DRIVE
PENSACOLA FL 32504**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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	P	<input type="checkbox"/> Delete
NAME	LISTER, DOROTHY	
STREET ADDRESS	3670 FOREST GLEN DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	V	<input type="checkbox"/> Delete
NAME	LISTER, WILLIAM W	
STREET ADDRESS	3670 FOREST GLEN DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dorothy Lister Dorothy Lister 3/14/2001 850-426-6274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)