

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067568

1. Entity Name

GOTTA DANCE KIDS, INC.

Principal Place of Business

1937 S ALAFAYA TRAIL
ORLANDO FL 32828

Mailing Address

443 SILVER DEW STREET
LAKE MARY FL 32746

2. Principal Place of Business

1937 S. ALAFAYA TR
Suite, Apt. #, etc.

3. Mailing Address JANET S. HAYS

Suite, Apt. #, etc.

443 SILVER DEW ST.

City & State

ORLANDO FL

City & State

LAKE MARY, FL

Zip

32828

Country

US

Zip

32746

Country

US

6. Name and Address of Current Registered Agent

OLIVER, DAVID S ESQ.
111 N. ORANGE AVE., STE. 2050
ORLANDO FL 32801

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.

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 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

TITLE D ~~KURTZ, JACKI~~ ☒ Delete
NAME
STREET ADDRESS 9279 TELFER RUN
CITY-ST-ZIP ORLANDO FL 32817

TITLE D ~~KURTZ, WILLIAM~~ ☒ Delete
NAME
STREET ADDRESS 9279 TELFER RUN
CITY-ST-ZIP ORLANDO FL 32817

TITLE PRESIDENT ☐ Delete
NAME JANET S. HAYS
STREET ADDRESS 443 SILVER DEW ST.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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: JANET S. HAYS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01
Date

407-302-6394
Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90029 042 ***150.00

00032209



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)