## 2003 FOR PROFIT CORPORATION

Mailing Address

6005 POWERS AVE

3. Mailing Address

Suite, Apt. #, etc

N (0

City & State

32254

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip

JACKSONVILLE FL 32217

JIII Donies C

## **UNIFORM BUSINESS REPORT (UBR** P99000073812

**DOCUMENT #** 1. Entity Name

Principal Place of Business

JACKSONVILLE FL 32217

Suite, Apt. #, etc.

2921

SCHNEIDER, MICHAEL N

JACKSONVILLE FL 32256

the obligations of registered agent.

5150 BELFORT ROAD

City & State

<u>\_</u> ~

**BLDG 100** 

SIGNATURE:

2. Principal Place of Business

6005 POWERS AVE

AMERICAN CHEER & DANCE, INC.

7111 Davis Creek Rd

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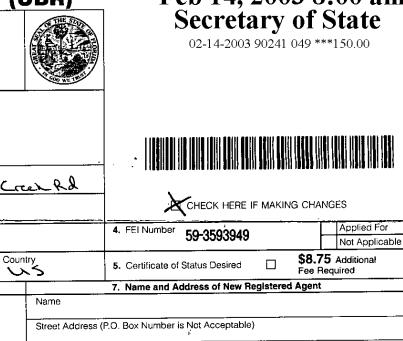
Country

6. Name and Address of Current Registered Agent

## FILED Feb 14, 2003 8:00 am Secretary of State

Zip Code

Daytime Phone #



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State	· · · · ·	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May E Added to Fees	
10.	OFFICERS AND DIRECTORS	<b>11.</b> /	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Delete NEWMANS, STEPHEN 6005 POWERS AVENUE SUITE 206 JACKSONVILLE FL 32217	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Change Add	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Add	lition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	noitic
12. 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.					

City

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