

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91649 004 \*\*\*150.00

**DOCUMENT #. P99000079498**

1. Entity Name  
**AKI'S DANCESPORT CENTRE, INC.**

Principal Place of Business      Mailing Address  
**3109 TAMiami TRAIL #5**      **3109 TAMiami TRAIL**  
**PORT CHARLOTTE FL 33952**      **PORT CHARLOTTE FL 33952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0947818**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AKIOKA, HAVERLY**  
**3940 METRO PKWY #119**  
**FORT MYERS FL 33916**

7. Name and Address of New Registered Agent  
 Name **DAVID NEWTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3109 TAMiami TRAIL #5**  
 City **PORT CHARLOTTE FL** Zip Code **33952**

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      DATE **5/1/2002**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST AKIOKA, HAVERLY 3940 METRO PKWY., STE. 119 FT. MYERS FL 33916</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST DAVID NEWTON 3109 TAMiami TRAIL #5 PORT CHARLOTTE FL 33952</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerers.

SIGNATURE:      DATE **May 1st 2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/01)

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DOCUMENT # **P99000079498**

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PORT CHARLOTTE FL 33952**

Mailing Address  
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PORT CHARLOTTE FL 33952**

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Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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SIGNATURE *David Newton* DATE **5/1/2002**

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  
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SIGNATURE: *David Newton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **May 1st 2002**  
Daytime Phone #

*Attachment  
Please let me 35723  
know if everything  
is correct  
Many thanks  
DAVID NEWTON*

CR2E034 (9/01)