

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90956 015 ***158.75

DOCUMENT # P99000083013

1. Entity Name

Stuart Suzuki Talent Education Company

Principal Place of Business

Housed at
 Center For Art & Soul

Mailing Address (Home)

889 N.W. SASSAFRAS TER.
 Jensen Beach, FL
 34957

2. Principal Place of Business

Center For Art & Soul

3. Mailing Address

889 NW. SASSAFRAS TER.
~~333 SE TRESSLER DR.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

333 SE TRESSLER DR.

City & State

STUART, FLORIDA

City & State

Jensen Beach, FL.

Zip

34994

Country

U.S.A.

Zip

34957

Country

USA

4. FEI Number

65-0954317

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DR. DIANE FLOAT, President
 889 NW SASSAFRAS TERRACE
 STUART, FLORIDA 34957

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, 2000 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	President	<input type="checkbox"/> Delete
NAME	DR. DIANE FLOAT	
STREET ADDRESS	889 NW SASSAFRAS TER.	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Kenneth M FLOAT	<input type="checkbox"/> Delete
NAME	889 NW SASSAFRAS TER.	
STREET ADDRESS	Jensen Beach, FL 34957	
CITY-ST-ZIP		
TITLE	Melody ApeL	<input type="checkbox"/> Delete
NAME	6193 DUKE CIRCLE	
STREET ADDRESS	Port St. Lucie, FL 34983	
CITY-ST-ZIP		
TITLE	Frederick ApeL	<input type="checkbox"/> Delete
NAME	6193 DUKE CIRCLE	
STREET ADDRESS	Port St. Lucie, FL 34983	
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		

12. 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		

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.

DR. DIANE FLOAT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2000

Date

561-468-5494

Daytime Phone #

CR2E034 (9/99)