

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90238 015 \*\*\*150.00

0357248

**DOCUMENT # P99000086073**

1. Entity Name  
**CHAMBER BALLET COMPANY**

Principal Place of Business 6331 4ST N ST. PETERSBURG FL 33702	Mailing Address 6331 4ST N ST. PETERSBURG FL 33702
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**C0051236**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc. **6331 4 St. N**      Suite, Apt. #, etc. **6331 4 St. N**

City & State **St. Petersburg, FL**      City & State **St. Petersburg, FL**

4. FEI Number **59-3618277**      Applied For  
 Not Applicable

Zip **33702**      Country **USA**      Zip **33702**      Country **USA**

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

**SCHUTZ, MISHELE B**  
**535 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33701**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>USTINOV, ANDREI</b>	
STREET ADDRESS	<b>758 100TH AVENUE NORTH #101</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINSON, ELENA</b>	
STREET ADDRESS	<b>758 100TH AVENUE NORTH #101</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VICKERS, CYNTHIA</b>	
STREET ADDRESS	<b>758 100TH AVENUE NORTH #101</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: E.G. [Signature]      4/16/01      (727) 578-5353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)