

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**  
 04-11-2002 90719 009 \*\*\*150.00

0539236 AV

**DOCUMENT # V02996**

1. Entity Name  
**THE DANCE ACADEMY, INC.**

Principal Place of Business  
**2632 LAND O LAKES BLVD**  
**LAND O LAKES FL 34639**  
**US**

Mailing Address  
**11517 GALLERIA DRIVE**  
**TAMPA FL 33624**  
**US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3803 Red Bluff Court**  
 Suite, Apt. #, etc.

City & State  
**Land O Lakes, Florida**

Zip  
**34639**

Country  
**U.S.A.**

4. FEI Number  
**59-3316508**

Applied For  
☐ Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SISK, SUSAN**  
**11517 GALLERIA DR**  
**TAMPA FL 33624**

7. Name and Address of New Registered Agent  
 Name  
**SUSAN M. SISK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3803 Red Bluff Court**  
 City  
**Land O Lakes** **FL** Zip Code  
**34639**

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 *Susan M. Sisk* **SUSAN M. SISK - President** **4/5/2002**  
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>SISK, SUSAN M.</b> <b>11517 GALLERIA DRIVE</b> <b>TAMPA FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President</b> <b>SUSAN M. SISK</b> <b>3803 Red Bluff Court</b> <b>Land O Lakes, Florida 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan M. Sisk* **SUSAN M. SISK** **4/5/2002** **813-949-7875**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)