

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69094

1. Entity Name

J. DANCER COMMUNICATIONS, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90114 008 \*\*\*150.00

Principal Place of Business  
9438 U.S. HIGHWAY 19 NORTH  
EMBASSY PLAZA #21  
PORT RICHEY FL 34668  
US

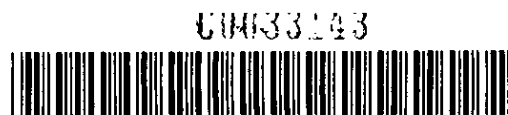
Mailing Address  
9438 U.S. HIGHWAY 19 NORTH  
EMBASSY PLAZA #21  
PORT RICHEY FL 34668-4623  
US

2. Principal Place of Business  
6019 Lafayette  
Suite, Apt. #, etc.

3. Mailing Address  
6019 Lafayette  
Suite, Apt. #, etc.

City & State  
New Port Richey FL  
Zip 34652 Country USA

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New Port Richey FL  
Zip 34652 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3147764  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LANE, JUDITH K.  
9438 U.S. HIGHWAY 19 NORTH  
BAY 21- EMBASSY PLAZA  
PORT RICHEY FL 34668

## 7. Name and Address of New Registered Agent

Name Lane, Judith K.  
Street Address (P.O. Box Number is Not Acceptable)  
6019 Lafayette  
City New Port Richey FL Zip Code 34652

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 *Judith K Lane*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-01-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	LANE, JUDITH K.	6025 LAFAYETTE	NEW PORT RICHEY FL	<input type="checkbox"/>
VS	HYSER, ROBERT A.	6025 LAFAYETTE	NEW PORT RICHEY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 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
PT	LANE, JUDITH K.	6019 LAFAYETTE	NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/>
VS	HYSER, ROBERT A.	6019 LAFAYETTE	NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Judith K Lane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-00 846-1721  
Date Daytime Phone #

CR2E034 (9/99)