## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## G76162 **DOCUMENT #**

1. Entity Name

LEESBURG DANCE CENTRE, INC.



**FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90054 048 \*\*\*150.00

	•		Too WE IN			
Principal Place of Business  1215-1217 W MAIN ST  LEESBURG FL 34748  US		Mailing Address 1217 W MAIN ST LEESBURG FL 34748-49 US	934		IX (1881 01811 0181 1884	
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	- · · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2371109 Applied For Not Applied beautiful Applied For Not App		
Zip —	Country	Zip	Country	5. Certificate of Status Desired Sec. Fee Sec.	<b>75</b> Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
WITSMAN, EZRA R 138 E. CENTRAL AVENUE HOWEY-IN-THE-HILLS FL 34737			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL   <sup>2</sup>	Zip Code	
8. The above the obligated SIGNATURE	named entity submits this statem tions of registered agent.	ent for the purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida. 1 am familie	ar with, and accept	
SIGITI II SI IE	Signature, typed or printed name of registered	agent and title if applicable. (N	IOTE: Registered Agent signature require	d when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$556 k Payable to Florida Departme	0.00		9. Election Campalgn Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS VARNEY, VALERIE 1215 WEST MAIN STREET LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
or the cor	pertify that the information supplied on this report or supplemental rep poration or the receiver or trustee or on an attachment with an addr	empowered to execute this repo	rt as required by Chapter 607	action 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under oath; that I am an 7, Florida Statutes; and that my name appears in Bloc	at the information officer or director k 10 or Block 11 if	

**SIGNATURE:** 

**BULBAQUIRED** ITED NAME OF SIGNING OFFICER OR DIRECTOR