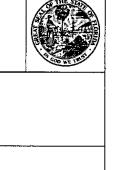
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 451157 **DOCUMENT #**

1. Entity Name

BOB DANCE DODGE, INC.

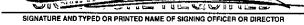


## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90047 003 \*\*\*150.00

Suite, Apil, 4, bits:  City 4, State:  City 4, State:  City 5, State:  City 5, State:  City 6, State:  City 7, Name and Address of Status Desired   Sa, 55, Additional   Per Address of Per Addr	Principal Place of Business 3775 HIGHWAY 17-92 SANFORD FL 32773		Mailing Address PO BOX 521167 LONGWOOD FL 32752 US								
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Sep-1538864  A. FET Number 69-1538864  Rest Applicable 69-1538864  Rest Applicable 69-1538864  Rest Applicable 69-1538864  Rest Applicable 69-1538864  Rest Rest Rest Management 69-1538864  Rest Rest Rest Rest Management 69-1538864  Rest Rest Rest Rest Rest Rest Rest Rest	2. Principal P	Place of Business	3. Mailing Address								
Sp-1838854	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			$\dashv$	☐ CHECK HERE IF MAKING CHANGES				
Zip Country Zip Country Sp. 75 Additional Face Required  C. Name and Address of Current Registered Apent	City & Stat	е	City & State			4.	FEI Number 59-1535854		<del></del>	]	
SIEGEL, GARY  Sircet Address (P.O. Box Number is Not Acceptable)  Sirc	Zip	Country	Zip Coun		try <b>5.</b> (		Cartificate of Status Desired  \$8.7			75 Additional	
SIEGEL, GARY 46500 SOUTH HWY., 17-92 FERN PARK FL 32730    City   FL   Zip Code		6. Name and Address of Currer	nt Registered Agent-			<del></del>	lame and Address of New Registe				₫-
SCORE Address (P.O. SOX Number is Not Acceptable)    Stock Address (P.O. Sox Number is Not Acceptable)	015051	NADV.	,		Name						
City   FL   Zip Code				Street Address			ox Number is Not Acceptable)				1
City   FL   Zip Code    If the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title if applicable. (INCTE Registered Agent sphanze required when relatedating)    Signature   Signature (Incomplete   Signature (Incomplete)		· ·									
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of rog stered agent.    Content	FERN PAI	RK FL 32730									
A. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent.    Signature				City				FL	Zip Coc	de	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  O. OFFICERS AND DIRECTORS  ITILE DANCE, ROBERT M 343 DOVER CT. HEATHROW FL  TILE DANCE, ROBERT M AME EXTRECT ADDRESS 1274 REGENCY PLACE HEATHROW FL  TILE Delete TITLE DANCE, BRIAN SCOTT DANCE, BRIAN SCOTT TITLE MAKE TITLE DANCE, BRIAN SCOTT MAKE TITLE DANCE, BRIAN SCOTT TITLE TITLE DANCE, BRIAN SCOTT MAKE TITLE DANCE, BRIAN SCOTT TITLE TITLE DANCE, BRIAN SCOTT MAKE TITLE DANCE, BRIAN SCOTT TITLE TITLE DANCE, BRIAN SCOTT MAKE TITLE DANCE, BRIAN SCOTT MAKE TITLE DELETE ADDRESS TITLY ST-ZIP TITLE MAKE TITL			for the purpose of changing	its registere	L ed office or regis	tered ag			<u>J</u> niliar with,	and accept	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  0.	SIGNATURE .	Signature, typed or printed name of registered ane	int and title if applicable (N	VOTE: Registerer	d Angel signature requi	irect when re	instation) D	aTE			
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  0.	-		T T	vo i c. riegiotoro		NOO WHOILE	U.				-
THE AMAME STREET ADDRESS CITY-ST-ZIP THE AMAE THEE ADDRESS CITY-ST-ZIP	After	May 1, 2003 Fee will be \$550.00	State				, — — — — — — — — — — — — — — — — — — —				
AME TREET ADDRESS ITY-ST-ZIP  DANCE, ROBERT M 343 DOVER CT. HEATHROW FL  VPT DANCE, BRIAN SCOTT 1274 REGENCY PLACE HEATHROW FL  TILE AME TREET ADDRESS TRY-ST-ZIP	0.	OFFICERS AN	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	RS IN 11	1
TREET ADDRESS ITY-ST-ZIP  TILE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS TY-ST-ZIP  Addition  Addition  Addition  AME TREET ADDRESS TY-ST-ZIP  TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE TY-ST-ZIP TILE TY-ST-ZIP TILE TY-ST-ZIP TILE TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP	ITLE	'	☐ Delete	TITLE				[	Change	Addition	18
TITY-ST-ZIP  HEATHROW FL  VPT DANCE, BRIAN SCOTT 1274 REGENCY PLACE HEATHROW FL  TITLE MAME AME AME AME AME AME AME AME AME A	IAME			NAME	E						15
DANCE, BRIAN SCOTT 1274 REGENCY PLACE HEATHROW FL  INAME IREET ADDRESS ITY-ST-ZIP  ITILE INAME IREET ADDRESS ITY-ST-ZIP  ITILE INAME ITILE ITILE INAME ITILE INAME ITILE ITILE INAME ITILE ITILE INAME ITILE ITILE INAME ITILE	TREET ADDRESS ITY-ST-ZIP			4							1034
TIREET ADDRESS LTY-ST-ZIP HEATHROW FL  TITLE AMA AME IREET ADDRESS CITY-ST-ZIP  Delate  TITLE NAME IREET ADDRESS CITY-ST-ZIP  Delate  TITLE NAME IREET ADDRESS CITY-ST-ZIP  Delate  TITLE NAME IREET ADDRESS CITY-ST-ZIP	ITLE	VPT	☐ Delete	TITLE			**-	{	Change	Addition	وَ [
ITIVE AME AME TREET ADDRESS TRY-ST-ZIP TO Delete TITLE AME TREET ADDRESS TRY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS TRY-ST-ZIP TO Delete TITLE NAME TREET ADDRESS TRY-ST-ZIP TO Delete TITLE NAME TREET ADDRESS TRY-ST-ZIP TO Delete TITLE AME TREET ADDRESS TRY-ST-ZIP TITLE TO Delete TADDRESS TRY-ST-ZIP TO DELETE TITLE TO DELETE TO DELETE TITLE TO DELETE TO DELETE TITLE TO DELETE TO DELET	IAME										1
TITLE AAME AAME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TTY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE											
AME TREET ADDRESS TITY-ST-ZIP  TILE AME TREET ADDRESS CITY-ST-ZIP  TILE AME TREET ADDRESS TY-ST-ZIP  TILE AME TREET ADDRESS TREET ADDRESS TY-ST-ZIP  TILE AME TREET ADDRESS TY-ST-ZIP  TILE TY-ST-ZIP  TREET ADDRESS TY-ST-ZIP  TREET ADDRESS TY-ST-ZIP  TREET ADDRESS TY-ST-ZIP		HEATHROW FL					11-1-1-11-11				-
TREET ADDRESS CITY-ST-ZIP  TILE AME TREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE AME TREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					L	_] Change	Addition	
TITLE AAME TREET ADDRESS TITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE AME TREET ADDRESS CITY-ST-ZIP  TILE AME TREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP											
AME TREET ADDRESS ITY-ST-ZIP  TLE AME TREET ADDRESS TREET	ITY-ST-ZIP										
AME TREET ADDRESS ITY-ST-ZIP  TLE AME TREET ADDRESS TY-ST-ZIP  TLE TLE TLE TLE TLE TLE TLE TLE TLE TL	ITLE		☐ Delete	TITLE				[	7 Change	☐ Addition	1
TITLE TITLE AME TREET ADDRESS TITY-ST-ZIP  TILE TREET ADDRESS	AME			NAME					_ ,	_	
TLE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TREET ADDR	TREET ADDRESS			STREE	ET ADDRESS						
AME IREET ADDRESS ITY-ST-ZIP  Delete TITLE MAME IREET ADDRESS ITY-ST-ZIP	ITY-ST-ZIP			CITY-	ST-ZIP						
STREET ADDRESS STY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TILE TILE MAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRE	TLE		☐ Delete	TITLE			•	[	] Change	Addition	1
TTY-ST-ZIP  CITY-ST-ZIP  TLE  TLE  AME  IREET ADDRESS ITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	AME				ı						
TLE AME IREET ADDRESS ITY-ST-ZIP  TILE TITLE TITLE TITLE TITLE TITLE TO Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP	i				· · · · · · · · · · · · · · · · · · ·						
AME  TREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP				CITY-	SI-ZIP		<del></del>				1
TREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	TLE		☐ Delete		I				] Change	☐ Addition	
TY-ST-ZIP . CITY-ST-ZIP	ŀ										
	ITY-ST-ZIP										
		artify that the information consider with	th this filing does not aveilt.		1	Pastine 1	(40.07(2)(i) Flacida Section 1 (		45-431-1		1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Daytime Phone #