

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90239 006 ***150.00



DOCUMENT # F51826

1. Entity Name
ELIZABETH PARSONS SCHOOL OF DANCE, INC.

Principal Place of Business
**116 W 6TH AV
PO BOX 1587
WINDERMERE FL 34786
US**

Mailing Address
**% F.D. PARSONS
10 MOOR GREEN CT
OCOOE FL 34761
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
309 Emory Oak St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocoee, FL

4. FEI Number **59-2138159**

Applied For
Not Applicable

Zip Country

Zip Country
34761 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

**PARSONS, F.D.
10 MOOR GREEN CT
OCOOE FL 34761**

Name **Parsons, F.D.**
Street Address (P.O. Box Number is Not Acceptable)
309 Emory Oak St.
City **Ocoee** **FL** Zip Code **34761**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/10/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Delete
NAME	PARSONS, F D	
STREET ADDRESS	10 MOOR GREEN CT	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PARSONS, ELIZABETH V	
STREET ADDRESS	10 MOOR GREEN CT	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parsons, FD	
STREET ADDRESS	509 Emory Oak St.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parsons, Elizabeth V	
STREET ADDRESS	509 Emory Oak St.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F.D. Parsons **407-654-2103**
Date Daytime Phone #

CR2E034 (10/02)