

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


FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90101 024 ***150.00

0422667 AV

DOCUMENT # M43402

1. Entity Name
THOMAS DANCE STUDIO, INC.



Principal Place of Business
**924 N DIXIE HWY.
LAKE WORTH FL 33460
US**

Mailing Address
**6198 PINE DR.
LANTANA FL 33462-2626
US**



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

3. Mailing Address
924 N. Dixie Hwy.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lake Worth, FL

City & State
Lake Worth, FL

Zip
33460

Country
USA

4. FEI Number **59-2741209**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SZEMBER, TERI J
6198 PINE DR.
LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SZEMBER, TERI	
STREET ADDRESS	6198 PINE DR.	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALENTINE, TAMI	
STREET ADDRESS	4397 CARYOTA DR.	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SZEMBER, BRENT	
STREET ADDRESS	6198 PINE DR.	
CITY-ST-ZIP	LANTANA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VALENTINE, RICHARD	
STREET ADDRESS	4397 CARYOTA DR.	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: Tami Valentine **Tami Valentine** 561-582-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)