

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006357

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** INTERNATIONAL INSTITUTE OF MUSIC AT VERO BEACH, INC.

**Current Principal Place of Business:**

1701 HWY A1A  
VERO BEACH, FL 32963 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7194  
VERO BEACH, FL 329617194 US

**New Mailing Address:**

**FEI Number:** 65-0717701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HATCH, IRA  
1701 HWY A1A  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LABRANCHE, KEL  
Address: PO BOX 2131  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: BODE, SUZY  
Address: 236 18TH AVE  
City-St-Zip: VERO BEACH, FL 32962

Title: D ( ) Delete  
Name: GORDON, DEBRA  
Address: 6437 55TH SQUARE  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WELLES, JAMES S  
Address: 2180 DUNMORE LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHERWOOD, EMILY  
Address: 6472 34TH PLACE  
City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WELLES

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date