

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-04-2003 90116 024 \*\*\*150.00

**DOCUMENT #** P02000028960

**1. Entity Name**  
D W DANCE INC.



**Principal Place of Business**  
2692 FOUNTAINVIEW CIRCLE  
106  
NAPLES FL 34109

**Mailing Address**  
2692 FOUNTAINVIEW CIRCLE  
106  
NAPLES FL 34109



**2. Principal Place of Business**

2960 S. Horseshoe Dr.

**3. Mailing Address**

2960 S. Horseshoe Dr.

Suite, Apt. #, etc.  
Suite 700

Suite, Apt. #, etc.  
Suite 700

City & State  
Naples FL

City & State  
Naples FL

Zip  
34104

Country  
USA

Zip  
34104

Country  
USA

**4. FEI Number**

02-0561155

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

DE WILDE, JOHANNES A  
2692 FOUNTAINVIEW CIRCLE  
106  
NAPLES FL 34109

**7. Name and Address of New Registered Agent**

Name

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

2960 S. Horseshoe Dr. Ste 700

City  
Naples FL

FL

Zip Code  
34104

**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

**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	PT	<input type="checkbox"/> Delete
NAME	DE WILDE, JOHANNES A	
STREET ADDRESS	2692 FOUNTAINVIEW CIRCLE 106	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DE WILDE, LAURA L	
STREET ADDRESS	2692 FOUNTAINVIEW CIRCLE 106	
CITY-ST-ZIP	NAPLES FL 34109	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2960 S. Horseshoe Dr. Ste 700	
CITY-ST-ZIP	Naples FL 34104	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2960 S. Horseshoe Dr. Ste 700	
CITY-ST-ZIP	Naples FL 34104	
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

Laura de Wilde

Date

Daytime Phone #

3/30/03 239-435-0435

CR2E034 (10/02)