

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 12, 2003 8:00 am  
Secretary of State

09-12-2003 90096 040 \*\*\*550.00

7/25/2004 AV

**DOCUMENT # P02000046675**

1. Entity Name  
**1ST & 5TH DANCE CENTRE, INC.**



Principal Place of Business  
**267 CORSAIR AVE  
LAUDERDALE BY THE SEA FL 33308**

Mailing Address  
**267 CORSAIR AVE  
LAUDERDALE BY THE SEA FL 33308**



2. Principal Place of Business  
**21073 POWERLINE RD  
STE # 49**

3. Mailing Address  
**21073 POWERLINE RD  
STE # 49**

CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33433**

Country  
**USA**

Zip  
**33433**

Country  
**USA**

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JAMES D HALEY PA  
2122 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
Name **JIM BAYNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**21073 POWERLINE RD. STE # 49**  
City **BOCA RATON** FL Zip Code **33433**

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 *J. Bayne* **JIM BAYNE / PRESIDENT** DATE **9-9-03**

Signature typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP HALEY, HEATHER B 267 CORSAIR AVE LAUDERDALE BY THE SEA FL 33308</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HALEY, JAMES D 267 CORSAIR AVE LAUDERDALE BY THE SEA FL 33308</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP JIM BAYNE 21073 POWERLINE RD STE # 49 BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV CYNDI GARBULLO 21073 POWERLINE RD. STE # 49 BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV LISA SULLIVAN 21073 POWERLINE RD STE # 49 BOCA RATON, FL 33433</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. Bayne* **JIM BAYNE** DATE **9/9/03** DAYTIME PHONE # **561-470-5547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)