

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

CR2E034 (4/03)

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

3. Mailing Address
21073 POWERLINE RD

Suite, Apt. #, etc.
STE #49

Suite, Apt. #, etc.
STE #49

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33433

Country
USA

Zip
33433

Country
USA

☒ CHECK HERE IF MAKING CHANGES

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 / si** **JIM BAYNE / PRESIDENT** **9-9-03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **DP** ☒ Delete
NAME **HALEY, HEATHER B**
STREET ADDRESS **267 CORSAIR AVE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE **DV** ☒ Delete
NAME **HALEY, JAMES D**
STREET ADDRESS **267 CORSAIR AVE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **JIM BAYNE**
STREET ADDRESS **21073 POWERLINE RD STE #49**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **DV** ☒ Change ☐ Addition
NAME **CYNDI GARGIULO**
STREET ADDRESS **21073 POWERLINE RD. STE #49**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **DV** ☐ Change ☒ Addition
NAME **LISA SULLIVAN**
STREET ADDRESS **21073 POWERLINE RD STE #49**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **JIM BAYNE** **9/9/03** **561-470-5547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #