

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/31

FILED
Aug 19, 2003 8:00 am
Secretary of State

07-31-2003 90068 031 ***150.00

DOCUMENT # P02000070819

1. Entity Name

LARGO BALLROOM & DANCE STUDIO - LE BODY WIND, INC.



Principal Place of Business
18400 GULF BLVD #1306
INDIAN SHORES FL 33785

Mailing Address
18400 GULF BLVD #1306
INDIAN SHORES FL 33785

33034322

2. Principal Place of Business

515 S. MISSOURI AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip

33770

Country

USA

Zip

Country

4. FEI Number

11-3612056

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

BORDE, HELEN MARY J
18400 GULF BLVD #1306
INDIAN SHORES FL 33785

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

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	HELEN MARY J. BORDE	
STREET ADDRESS	18400 GULF BLVD #1306	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CLAUDE M D HARAMRAJ	
STREET ADDRESS	515 S. MISSOURI AVE	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

HELEN MARY J. BORDE

7/28/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment [REDACTED]

Florida Dept of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

55054522
#P02000070819

Re: Document # p02000070819

Gentlemen:

I am enclosing the annual report for Largo Ballroom & Dance Studio - Le Body Wind, Inc. and a check in the amount of \$150.00. I am herein requesting a waiver of the late filing penalty. The original notice was not received and inasmuch as this is our first year in business, I was not aware there was an annual filing requirement and deadline of May 1st. I truly believed I had fulfilled the requirements by filing the annual tax return.

Thank you for your consideration of this waiver.

Sincerely,

Helen Mary G. Borde

Helen Mary Borde, Director
Largo Ballroom & Dance Studio - Le Body Wind, Inc..