

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90194 017 ***150.00

DOCUMENT # P02000074408

1. Entity Name

LET'S DANCE APPAREL & DANCE STUDIO, INC.



Principal Place of Business

7631 RIVER AVENUE
GREEN COVE SPRINGS FL 32043

Mailing Address

7631 RIVER AVENUE
GREEN COVE SPRINGS FL 32043

60013004



2. Principal Place of Business

1489 County Road 220

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

City & State

Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

45-0482138

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, MARY A
7631 RIVER AVENUE
GREEN COVE SPRINGS FL 32043

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 \$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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PIVITSID
MARY A. CARTER
7631 River Avenue
Green Cove Springs, FL. 32043

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

MARY A. CARTER

4/14/03

(904) 215-7876

Date

Daytime Phone #

CR2E034 (10/02)