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

P02000100236 **DOCUMENT #**

1. Entity Name

THE DANCE ACADEMY OF STUART, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90081 033 ***150.00

						GOO WE THE				
Principal Place of Business 333 TRESSLER DRIVE STUART FL 34994			54 N Stu	Mailing Address 54 N. RIVER ROAD STUART FL 34996						
US			US							
2. Principal I	Place of Busin	ess	3. Ma	3. Mailing Address						
Suite, Apt	."#, etc		Sui	te,:Apt_#,:etc,-			- CHECKTHERE T	MAKING	CHANGES	
City & Sta	ite	-	City	City & State			4. FEI Number 07472	R8	<u> </u>	pplied For ot Applicable
Zip Country				Zip Country			5. Certificate of Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name	and Address	s of Current Register	ed Agent			7. Name and Address of New Re	gistered A	lgent	
RRANNO	M, DAVID S					lame				
	HUNTERS (THE WAY		Street Address			(P.O. Box Number is Not Acceptable)			
	- HUNTERS (ΓΥ FL 34990						· · · · · · · · · · · · · · · · · · ·	~ ~		
I ALIII ÇII	11 12 04330									
					C	City		FL	Zip Cod	e
8. The above the obligat	e named entity tions of registe	submits this ered agent.	statement for the purp	oose of changing its	registered o	ffice or register	red agent, or both, in the State of Flori	da. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed o	or printed name of	registered agent and title if app	olicable. (NOT	F: Registered Age	ent signature required	Juhan reinetation)	DATE		
	-			7		sit signature required	i when remarking?	DATE		
	'ILE NOW!!! r May 1, 200:				٠	and the second	9. Election Campaign Finar	ncing _	\$5.0	May Be
Make Check	k Payable to	Florida De	partment of State				. Trust Fund Contribution.	` 7 🗆		to Fees
10.			FICERS AND DIRECTO	DRS	11.		ADDITIONS/CHANGES TO OFFIC	EDC AND	DIRECTOR	C INL 11
TITLE	P			☐ Delete	TITLE		ADDITIONAL CHANGES TO OFFICE	ENS AND	☐ Change	
NAME	CHODERA,			L Delete	NAME				Crimings	☐ Addition
STREET ADDRESS	54 N. RIVE				STREET AD	DRESS				
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NAME					NAME					
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					CITY-ST-2	dP				
TITLE NAME				Delete	TITLE				☐ Change	☐ Addition
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CITY-ST-ZIP					CITY-ST-Z					
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TITLE				Delete	TITLE				☐ Change	Addition
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TITLE				☐ Delete	TITLE				Change	☐ Addition
NAME Street address					NAME OTOFFE ADV	DECO.				. 1
CITY-ST-ZIP					STREET ADD					, }
					0111-01-2	<u> </u>				

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 efficer 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: