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

**DOCUMENT #** 

P94000031633

1. Entity Name

PENSACOLA SCHOOL OF BALLET STUDIOS, INC.



**FILED** Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90151 029 \*\*\*150.00

Principal Place of Business 6927 NORTH NINTH AVENUE PENSACOLA FL 32514		Mailing Address 6927 NORTH NINTH AVENUE PENSACOLA FL 32514			÷.	( 10 6/2007 HJ 2022) 8/8/2 08/2 08/2 08/2 08/2 08/2				
2. Principal	Place of Business	3. Mailing Address								
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City & State			4.	FEI Number 59-3246494		applied For		
Zip	Country	Zip	Cour	ntry	5. (	Certificate of Status Desired	\$8.75 Ac			
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New Registers		eu -		
MARER				Name			<u> </u>			
	STEVE JR.	Street Address			ess (P.O. B	(P.O. Box Number is Not Acceptable)				
	RTH NINTH AVENUE									
PENSACI	DLA FL 32514									
				City	_	F				
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										
- OIGHAI OILE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	d Agent signature re	quired when re	instating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Wil	i	Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees		
10.	OFFICERS AND I	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEMOADOLA EL AGEA					☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEMO-1001 A FL CORD		ľ	•		☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	STREE		<u></u>		Change	Addition		
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREE				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition		
ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ertify that the information supplied with the	□ Delete	CITY		. ( )		☐ Change	☐ Addition		

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 fruitee empowered to execute this report as received 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: