

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90706 021 \*\*\*150.00

**DOCUMENT # P95000090598**

1. Entity Name  
**DANCENSOUND INC.**



Principal Place of Business  
**103 S US HWY ONE  
F-3  
JUPITER FL 33477**

Mailing Address  
**103 S US HWY ONE  
F-3  
JUPITER FL 33477**



2. Principal Place of Business  
**8051 SE Shenandoah Drive**

3. Mailing Address  
**8051 SE Shenandoah Drive**

City & State  
**Hobe Sound, FL**  
Zip  
**33455**  
Country  
**U.S.A.**

City & State  
**Hobe Sound, FL**  
Zip  
**33455**  
Country  
**U.S.A.**

4. FEI Number  
**65-0621133**

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**

**OTTEN, RICHARD W.  
17657 127TH DRIVE, NORTH  
JUPITER FL 33478**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**8051 SE Shenandoah Drive**  
City **Hobe Sound** FL Zip Code **33455**

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 **Richard W Otten**

**3-12-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$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**

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>OTTEN, RICHARD W</b>          |                                 |
| STREET ADDRESS | <b>% 17657 127TH DRIVE NORTH</b> |                                 |
| CITY-ST-ZIP    | <b>JUPITER FL 33478</b>          |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>OTTEN, JANET E</b>            |                                 |
| STREET ADDRESS | <b>% 17657 127TH DRIVE NORTH</b> |                                 |
| CITY-ST-ZIP    | <b>JUPITER FL 33478</b>          |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>8051 SE Shenandoah Drive</b> |  |
| STREET ADDRESS | <b>Hobe Sound, FL 33455</b>     |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>8051 SE Shenandoah Drive</b> |  |
| STREET ADDRESS | <b>Hobe Sound, FL 33455</b>     |  |
| CITY-ST-ZIP    |                                 |  |
| 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           |                                 |  |
| STREET ADDRESS |                                 |  |
| 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: **Janet E Otten** **3-12-03** **561-745-3136**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)