## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P98000028548

1. Entity Name

DOCUMENT #

THE DANCE CENTRE OF PENSACOLA, INC.



## **FILED** May 01, 2003 8:00 am Secretary of State

05-01-2003 90156 035 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			·								
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Septemble   Sept	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent 7. Name and Address of New Begistered Agent 7. Name and Address of Nam	City & State	e•	City & State			4.	NU-VINI INU VU				
Name   Street Address (P.O. Box Number is Not: Acceptable)   Street Address (P.O. Box Number is Not:	Zip	Country Zip Cour		Count	ry						
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current I	Registered Agent				lame and Address of New Reg	stered Ag	ent		-
28 1/2 PALAFOX PLACE PENSACOLA FL 32501  City FL Zip Code  City FL Zip Code  6. The abbove named entity submits it is statement for the purpose of changing its registered algent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam formillar with, and accept the control of the floridation o	. ==				Name						l
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.    FILE NOW!!! FEE IS \$150.00			Street Address			(P.O. Box Number is Not Acceptable)					
B. The aboven 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.    Interview   Intervie	PENSACO	LA FL 32501									
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After May 1, 2003 Fee will be \$550.00 May be Make Check Payable to Florida Department of State  10.	SIGNATURE .			E: Registered	Agent signature required	d when re	instating)	DATE			! ]
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	After					\$5.0 Added	<b>0</b> May Be d to Fees				
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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. overright 850-936-656

**SIGNATURE:**