

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036545

1. Entity Name

Dance Warehouse, Inc.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91120 031 ***150.00

Principal Place of Business **Mailing Address**
365 Park St. P.O. Box 2646
Jacksonville, FL32204 Jacksonville, FL32203

00000000

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3613634

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

The Company Corporation
2711 Centerville Road
Wilmington, D.E.19808

Name

Emily G. Smith

Street Address (P.O. Box Number is Not Acceptable)

365 Park Street

Jacksonville, FL 32204

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.

SIGNATURE Emily G. Smith, Pres.

(NOTE: Registered Agent signature required when reinstating)

4-23-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME XXXXXXXXXXXXXXXXXXXXXXXX
STREET ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX
CITY-ST-ZIP XXXXXXXXXXXXXXXX

TITLE ☒ Change ☐ Addition
NAME Director, V.P.
STREET ADDRESS Richard O. Leitinger
CITY-ST-ZIP 365 Park Street
Jax., Fl., 32204 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director, Pres. S, T
STREET ADDRESS Emily G. Smith
CITY-ST-ZIP 365 Park Street
Jax., Fl., 32204

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard O. Leitinger, D.V.

4/23/01

904 634 1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)