2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90256 010 ***150.00

DOCUMENT # P99000080089

1. Entity Name
BUDDY SHERWOOD'S SCHOOL OF DANCE, INC.

Principal Place of Business	Mailing Address
2490 QUAIL AVE JACKSONVILLE FL 32218	2490 QUAIL AVE JACKSONVILLE FL 32218

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13972 Webb Rd	13972 Webb Rd
Suite, Apt. #, etc.: Jacksonville, Fl	Suite, Apt. #, etc.
City & State	City & State: Jacksonville, Fl
Zip: 32218 / Country:	Zip: 32218 / Country: Duval

4. FEI Number: 59-2153765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAIR, LUANN ~~2490 QUAIL AVE~~ ~~JACKSONVILLE FL 32208~~	Name: Luann Fair Street Address (P.O. Box Number is ~~Not~~ Acceptable): 13972 Webb Rd Jacksonville Fl City: FL Zip Code: 32218

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: M. Luann Fair — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: Jan 13, 2003

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FAIR, LUANN	NAME	
STREET ADDRESS	~~2490 QUAIL AVE~~	STREET ADDRESS	13972 Webb Rd
CITY-ST-ZIP	~~JACKSONVILLE FL 32208~~	CITY-ST-ZIP	Jacksonville, Fl 32218
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: M. Luann Fair — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Jan 13, 2003 — Daytime Phone #