FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90038 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089008

90130946

1. Entity Name
PEACHES SCHOOL OF DANCE, INC.

Principal Place of Business
16378 NE 26 AVE
NORTH MIAMI, FL 33160

Mailing Address
16378 NE 26 AVE
NORTH MIAMI, FL 33160

2. Principal Place of Business: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0087555 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GETTIS, LESLIE C
1270 NE 97 STREET
MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE ______________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GETTIS, LESLIE C	NAME	
STREET ADDRESS	1270 NE 97 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	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
NAME		NAME	
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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: Leslie Gettis — 4/30/03 — 305 940-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #