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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
03-26-2002 90045 013 ****61.25

DOCUMENT # N97000003216

1. Entity Name

COMPUTERAGE LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
14625 SMITH SUNDY RD. HORSES& HEROES OF S. FLORIDA DELRAY BEACH FL 33484 US	C/O DIANNE GORBACH 8852-C MARGE CT BOYNTON BEACH FL 33436 US

24609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3770 C VILLAGE DR Suite, Apt. #, etc.
City & State	City & State: DELRAY BEACH FL
Zip / Country	Zip: 33445 Country: PALM BEACH

4. FEI Number: 31-1548627 ☐ 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
GORBACH, DIANNE 8852-C MARGE CT BOYNTON BEACH FL 33436	Name: MINDY NOLAN Street Address (P.O. Box Number is Not Acceptable): 3770 C VILLAGE DR City: DELRAY BEACH FL Zip Code: 33445

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: mindy nolan mindy nolan — 3/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GORBACH, DIANNE 8852-C MARGE CT BOYNTON BEACH FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RON NOLAN 3770-C VILLAGE DR DELRAY BEACH FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NOLAN, MINDY 3770-C VILLAGE DR DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WINN, JOYCE 5188 OAKHILL LN #1111 DELRAY BEACH FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANDY HURWITZ 6481 NW 30TH AVE BOCARATON FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 617, 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: mindy nolan mindy nolan — 3/15/02 — 561-498-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #