

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000039978

FILED  
Jan 08, 2003  
Secretary of State

Entity Name: MONTESSORI MADE MANAGEABLE, INC.

**Current Principal Place of Business:**

14535 LAKE CANDLEWOOD CT.  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 172205  
HIALEAH, FL 33017

**New Mailing Address:**

FEI Number: 65-0579655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT, BARBARA  
14535 LAKE CANDLEWOOD CT  
MIAMI LAKES, FL 33014

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S/T ( ) Delete  
Name: SCOTT, BARBARA  
Address: 14535 LAKE CANDLEWOOD CT.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: P ( ) Delete  
Name: ADARVE, LISA  
Address: 1015 AVONDALE AVE  
City-St-Zip: CINCINNATI, OH 45229

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SCOTT

S/T

01/08/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date