2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003
Secretary of State

DOCUMENT# N97000004343

Entity Name: BARNABAS PRIVATE SCHOOL, INC.

Current Principal Place of Business:

1120 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1120 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0776477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTAL, CYNTHIA L
1120 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953 US

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

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: BARTAL, SCOTT
Address: 1625 SE CLEARMONT ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: DT ( ) Delete
Name: TOMASZEWSKI, MARK
Address: 2231 SE SHETTER DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DS ( ) Delete
Name: TOMASZEWSKI, CYNTHIA
Address: 2231 SE SHELTER DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DP ( ) Delete
Name: BARTAL, CYNTHIA L
Address: 1625 SE CLEARMONT ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: BARTAL, SCOTT E
Address: 1132 SW GREENBRIAR COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D (X) Change ( ) Addition
Name: TOMASZEWSKI, MARK D
Address: 2231 SE SHETTER DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DS/T (X) Change ( ) Addition
Name: TOMASZEWSKI, CYNTHIA L
Address: 2231 SE SHELTER DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DP (X) Change ( ) Addition
Name: BARTAL, CYNTHIA L
Address: 1132 SW GREENBRIAR COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA L. TOMASZEWSKI DS/T 03/12/2003

Electronic Signature of Signing Officer or Director — Date