2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 462981

1. Entity Name

THOM HOWARD ACADEMY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90180 002 ***150.00

Principal Place of Business	Mailing Address
4500 43RD STREET. NORTH ST. PETERSBURG FL 33714	4500 43RD STREET. NORTH ST. PETERSBURG FL 33714-2816

2. Principal Place of Business		3. Mailing Address	
Suite Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1605389 — 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
HOWARD, THOMAS V JR. 4500 43RD STREET, NORTH ST. PETERSBURG FL 33714	Name Street Address (P.O. Box Number is Not Acceptable) City FL

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 Thomas V. Howard Jr.

Signature of a member or agent (Not an officer or director listed in the document)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Electronic Filing Menu Corporate Filing [ ] $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO FILED DOCUMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, THOMAS V JR. 4500 43RD STREET NORTH ST. PETERSBURG FL 33714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOLTZ, JOHN R 4500 43RD STREET NORTH ST. PETERSBURG FL 33714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add/Del

13. 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that I am aware of the penalties for making false statements contained therein