

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90951 013 ***150.00

DOCUMENT # 642492

1. Entity Name
NORTHSIDE CENTER FOR CREATIVE LEARNING, INC.



Principal Place of Business
**3534 WINTON DRIVE
JACKSONVILLE FL 32208
US**

Mailing Address
**6556 KINLOCKE DRIVE WEST
JACKSONVILLE FL 32219
US**



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 **59-1957249**

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

**DOBSON, PATRICIA LYNNE
3534 WINTON DRIVE
JACKSONVILLE FL**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPJ	DOBSON, PATRICIA LYNNE 6556 KINLOCKE DR W. JACKSONVILLE FL 32219		
D	HOLT, MAE T 6925 CARTIER CIR JACKSONVILLE FL 32219		
D	DOBSON, ERICA D. 6556 KINLOCKE DRIVE WEST JACKSONVILLE FL 32219-3805		
DSDT	HALL, ERIN C. DOBSON 6556 KINLOCKE DRIVE WEST JACKSONVILLE FL		

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: Patricia Dobson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-03 904-9658573

Date

Daytime Phone #