

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90315 030 ***550.00

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DOCUMENT # 693079

1. Entity Name

ROFFLER SCHOOLS, INC.



Principal Place of Business

220 MAIN STREET

P O BOX 1367

MCCOMB MS 39648

Mailing Address

220 MAIN STREET

P O BOX 1367

MCCOMB MS 39648



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2127446**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SMITH JR, STEWART A
5110 UNIVERSITY BLVD W.
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

2626 CRYSTAL COURT COVE
JACKSONVILLE FL 32224

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

Stewart A. Smith
Signature, typed or printed name of registered agent and title if applicable.

Stewart A. Smith

(NOTE: Registered Agent signature required when reinstating)

8-12-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SMITH, AILEEN B
220 MAIN ST
MCCOMB MS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.O. Box 1367
McComb, MS 39648

☒ Change ☐ Addition

TITLE
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P
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☐ Delete

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☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

Stewart A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-03 904-759-6641

Date Daytime Phone #

CR2E034 (4/03)