

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90165 019 ****70.00

DOCUMENT # 710249



1. Entity Name
THELMA B. PITTMAN JUPITER PRE-SCHOOL, INC.

Principal Place of Business Mailing Address
**98 CINQUEZ PK RD. W.
JUPITER FL 33458
US** **98 CINQUEZ PK RD. W.
JUPITER FL 33458
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1141608** 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

**LAWSON, RUTH S
1747 37TH ST
WEST PALM BEACH FL 33407**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LAWSON, RUTH S 1747-37TH STREET JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYHAN, THOMAS 19005 TALON WAY TEQUESTA FL 33469 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAIRSEY, CLAY 3338 COLLIN DRIVE WEST PALM BEACH FL 33407 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEAVITT, BETTY 10120 CAOBA STREET PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAIRSEN, CLAY 3685 CYPRESS LAKE DR LAKE WORTH FL 33647 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRUZ, BETZAIDA 130 PONCE DE LEON ST ROYAL PALM BEACH FL 33411 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD Patricia Magrogan 12 West Riverside Dr. Tequesta, FL 33469	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD George Leavitt 10120 Caoba Street Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CD William Magrogan 12 West Riverside Dr. Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD Miguel Marti 110 Norfolk Rd Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 617, 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 Magrogan* **REQUIRED**

1/17/03

CR2E037 (10/02)