

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90085 023 ****70.00

DOCUMENT # 735849

1. Entity Name

THE TROYWOOD LEARNING ENVIRONMENT, INC.

Principal Place of Business

**7231 SOUTHGAN BLVD
 C-2
 WEST PALM BEACH FL 33413**

Mailing Address

**7231 SOUTHGAN BLVD
 C-2
 WEST PALM BEACH FL 33413**

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

59-1669217

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

**GROVES, KENNETH L.
 7231 SOUTHERN BLVD., C-2
 W. PALM BEACH FL 33413**

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 GROVES, KENNETH
 7231 SOUTHGAN BLVD
 WEST PALM BEACH FL 33413** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SOUTHERN BLVD. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PARK, KEITH H
 1350 PRAIRIE ROAD
 WEST PALM BEACH FL 33406** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**7231 SOUTHERN BLVD.
 WEST PALM BEACH, FLORIDA 33413** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 GROVES, SUMMER J
 7231 SOUTHGAN BLVD
 WEST PALM BEACH FL 33413** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SOUTHERN BLVD. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 *561-683-7066*

Date

Daytime Phone #

CR2E037 (9/01)