

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90006 029 ***550.00

DOCUMENT # F99000001899

1. Entity Name
NOBEL EDUCATION DYNAMICS FLORIDA, INC.

Principal Place of Business
 ROSE TREE CORPORATE CENTER II
 1400 N. PROVIDENCE ROAD, SUITE 3055
 MEDIA PA 19063

Mailing Address
 ROSE TREE CORPORATE CENTER II
 1400 N. PROVIDENCE ROAD, SUITE 3055
 MEDIA PA 19063

2. Principal Place of Business
 1615 West Chester Pike
 Suite, Apt. #, etc. Suite 200
 City & State West Chester, PA
 Zip 19382-7956 Country U.S.A.

3. Mailing Address
 1615 West Chester Pike
 Suite, Apt. #, etc. Suite 200
 City & State West Chester, PA
 Zip 19382-7956 Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2991279 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
 (See criteria on back) **After September 13, 2002 Fee will be \$750.00**
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASD CLEGG, A.J. 1400 N. PROVIDENCE RD, SUITE 3055 MEDIA PA 19063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS DIXON, DARYL 1400 N. PROVIDENCE RD, SUITE 3055 MEDIA PA 19063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEANGELO, YVONNE 1400 N. PROVIDENCE RD, SUITE 3055 MEDIA PA 19063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD FROCK, JOHN R 1400 N. PROVIDENCE ROAD SUITE 3055 MEDIA PA 19063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BAILEY, WILLIAM 1400 N. PROVIDENCE ROAD SUITE 3055 MEDIA PA 19063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **7/25/02 984-947-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)