

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H49689**

1. Entity Name

Scott Mill Lane Schools Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 12 AM 9:40

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Scott Mill Lane Schools Inc.

3. Mailing Address

Same

Suite, Apt. #, etc.

2911 Scott Mill Lane

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32223

Daual

4. FEI Number

59-2506301

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John P. Bowers

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

2911 Scott Mill Lane

City

Jacksonville

FL

Zip Code

32223

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Daisy Bowers 2911 Scott Mill Lane 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. John Paul Bowers 2911 Scott Mill Lane 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diana K Bowers - Secretary 2811 Scott Mill Place 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Phillip Bowers - Treas. 2811 Scott Mill Place 32223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daisy Bowers

Daisy Bowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/03 904 268-6166

Date Daytime Phone #

CR2E034B (12/02)