

2002 UNIFORM BUSINESS REPORT (UBR)

1/27/03
7A

DOCUMENT # J05595
 1. Entity Name
ANNSWORTH MONTESSORI ACADEMY, INC.

FILED

03 FEB 25 PM 12:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2/20/03 DO NOT WRITE IN THIS SPACE *0007 008*
\$550.00

Principal Place of Business
 5990 142ND AVE. NORTH
 CLEARWATER FL 33760

Mailing Address
 5990 142ND AVE. NORTH
 CLEARWATER FL 33760

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2649376**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RAY, JEANNE
700 STARKEY RD. #1121
LARGO FL 33771

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.
 SIGNATURE *Jeanne Ray* *Jeanne Ray Pres.* *Jeanne Ray Pres.*
 (NOTE: Registered Agent signature required when reinstating) DATE *2-24-03*
2-3-03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, JEANNE 700 STARKEY RD. #1121 LARGO FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, LINDA 11201 - 122ND AVE., N., #228 LARGO FL 33778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT *02-03*

800812798378
*03/20/03--00067--012 **350.00*

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.

Jeanne Ray *Jeanne Ray* *2-24-03* *727-539-7926*
Jeanne Ray *2-3-03* *727-539-7926*

well

2-24-03

To: Michele Milligan
From: Jeanne Ray

Per our telephone conversation here is the additional \$350.00 for reinstatement and a copy of the Uniform Business Form with my signature. Thank you for your help. If it is possible could you fax the Pinellas County Child Care Licensing Board a note that our corporation has been reinstated.

Pinellas County Licensing Board

Att: Suzie Lewis or Barbara Steele

FAX 1-727-547-5897

Thanks again,

Jeanne Ray