2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # K65177 1. Entity Name 04-21-2002 90864 003 ***150 STEP-AHEAD ACADEMY, INC. Mailing Address Principal Place of Business 308 E. 124TH AVE. STEP AHEAD ACADEMY **TAMPA FL 33612 TAMPA FL 33612** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2935193 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required == == -7:- Name and Address of New Registered Agent -----6. Name and Address of Current Registered Agent. ~ RISLEY, LORETTA J Street Address (P.O. Box Number is Not Acceptable) 24810 BLAZING TRAIL WAY LAND O LAKES FL 34639 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS RISLEY, LORETTA Change 24810 Blazing Trail Way Land O Lakes, Fl 34639 TITLE PRES Delete TITLE NAME Treas NAME RISLEY, GUY H. STREET ADDRESS STREET ADDRESS 318 WOOTEN ROAD CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL** RISLEY, GUY H. 318 WOOTEN Rd. **√** Delete TITLE TITLE STD NAME NAME RISLEY, LORETTA STREET ADDRESS LUTZ, FI STREET ADDRESS 18213 N 30TH STREET CITY-ST-7IP CITY-ST-ZIP Lutz FL 33549 Change Addition Dèlete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TIT) F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED