2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am **DOCUMENT # K69968** Secretary of State PATCH LEARNING CENTER, INC. 05-04-2001 90065 021 ***150.00 Principal Place of Business Mailing Address 1275 N. SINGLETON AVENUE 1275 N. SINGLETON AVENUE 041140 TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2934242 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name PATCH, ANN Street Address (P.O. Box Number is Not Acceptable) 1275 N. SINGLETON AVENUE TITUSVILLE FL 32796 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SR2E034 (10/00 ☐ Change ■ Addition ☐ Delete TITLE **PSD** TITLE NAME NAME PATCH, GERALD STREET ADDRESS STREET ADDRESS 1275 N. SINGLETON AVENUE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL. ☐ Change Addition □ Delete TITLE TITLE VTD NAME NAME PATCH, ANN R. STREET ADDRESS STREET ADDRESS 1275 N. SINGLETON AVENUE CITY-ST-ZIP CITY-ST-7IP <u>Titusville fl</u> ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 eceiver 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 aftachy ent with an addres , with all other like empowered.