

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L41816**

1. Entity Name

THE LEARNING SHOPPE, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90002 039 ***150.00

Principal Place of Business

**500 HARRISON AVE
PANAMA CITY FL 32401**

Mailing Address

**560 HARRISON AVE
PANAMA CITY FL 32401-2622**

800006812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

560 HARRISON AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

4. FEI Number

59-2987398

Applied For

Not Applicable

Zip

Country

Zip

Country

32401

FL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, NEILL
500 HARRISON AVE.
PANAMA CITY FL 32401**

Name

DAVIS, NEILL

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

560 HARRISON AVE

City

PANAMA CITY

FL

Zip Code

32401

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)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, F.V.	
STREET ADDRESS	500 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, KAY, S	
STREET ADDRESS	5410 BERTHA NELSON RD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, NEILL, H	
STREET ADDRESS	500 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BILLIE	
STREET ADDRESS	560 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, F.V.	
STREET ADDRESS	560 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS KAY S	
STREET ADDRESS	5410 BERTHA NELSON RD	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NEILL H	
STREET ADDRESS	560 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Neill Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-00

Date

850-769-8738

Daytime Phone #

CR2E034 (9/99)