

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90173 004 ***150.00

DOCUMENT # L99569

1. Entity Name
MAYHUE'S LEARNING CENTER, INC.

Principal Place of Business

2035 W WASHINGTON ST
ORLANDO FL 32805
US

Mailing Address

2035 W WASHINGTON ST
ORLANDO FL 32805
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2035 W. Washington St.
 Suite, Apt. #, etc.

3. Mailing Address

2035 W. Washington St.
 Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32805

Country

Orange

City & State

Orlando, FL

Zip

32805

Country

Orange

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, MARTHA M
4205 ARBOR OAKS CT.
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

DP ☐ Delete
GRAY, MARTHA M.
1850 SPARKLING WATER CIR
OCOE FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP ☐ Delete
GRAY, MARTHA M
1850 SPARKLING WATER CIR
OCOE FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST ☐ Delete
GRAY, MARTHA M
4205 ARBOR OAKS CT.
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
SIMS, TANMARA M
77 N DOBSON ST
ORLANDO FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Martina M. Gray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02
 Date

(407) 872-0481
 Daytime Phone #

CR2E034 (9/01)