

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90053 047 ***150.00

DOCUMENT # M28818

1. Entity Name

**ACADEMY FOR LITTLE PEOPLE OF WEST PALM BEACH, IN
C.**



Principal Place of Business

**4639 N MILITARY TRAIL
W PALM BCH. FL 33409-7808**

Mailing Address

**4639 N MILITARY TRAIL
W PALM BCH. FL 33409-7808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2716282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KINGCADE, THOMAS E
209 S OLIVE AVE
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ROLLINS, NANCY C.
35 WINDSON LANE
PALM BCH GRDNS FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BRUCE, MITCHELL G JR.
35 WINDSON LANE
PALM BCH GRDNS FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ROLLINS, NANCY, C
35 WINDSON LANE
PALM BCH GRDNS FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



30008503

#1128818

THOMAS E. KINGCADE, P.A.
209 SOUTH OLIVE AVENUE
WEST PALM BEACH, FLORIDA 33401

THOMAS E. KINGCADE
FLORIDA BAR BOARD CERTIFIED
CIVIL TRIAL LAWYER
FLORIDA BAR BOARD CERTIFIED
BUSINESS LITIGATION
FLORIDA BAR BOARD CERTIFIED
MEDIATOR

(561) 659-7300
1-800-869-9409
FAX (561) 655-1593
www.lawyers.com/kingcade
tekingcade@aol.com

January 10, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Academy for Little People of
West Palm Beach, Inc.
Document No. M28818

Gentlemen:

Enclosed find 2002 Uniform Business Report (UBR) for the above-named corporation.

Also find enclosed check in the amount of \$150.00 for the fee.

Very truly yours,


Thomas E. Kingcade

/ml
encl.