# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 08, 2003 8:00 am**
**Secretary of State**
05-08-2003 90152 013 ****70.00

DOCUMENT # N00000005418

1. Entity Name
DRE'S PLAYHOUSE EXCEPTIONAL ACADEMY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5310 SILVER STAR ROAD<br>ORLANDO FL 32808 | POST OFFICE BOX 585352<br>ORLANDO FL 32858-5352 |

☑ CHECK HERE IF MAKING CHANGES

| 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 ~~59-3641408~~ 02-0547206 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| JONES, TONJA O<br>3024 N. POWERS DR. APT 116<br>ORLANDO FL 32818 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>4353 Shadow Crest Place<br>City Orlando FL Zip Code 32811 |

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 Tonja Jones 5/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JONES, TONJA O<br>3024 N. POWERS DRIVE, APT #116<br>ORLANDO FL 32818 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>4353 Shadow Crest Place<br>Orlando, FL 32811 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>JONES, AUNDRE J<br>3024 N. POWERS DRIVE, APT #116<br>ORLANDO FL 32818 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>4353 Shadow Crest Place<br>Orlando, FL 32811 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHMO<br>BLOUNT, LAWRENCE E<br>216 MAGNOLIA RD.<br>PERRY FL 32348 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHAIRMAN OF THE BOARD/OFFICER ☑ Change ☐ Addition<br>Vonda Williams<br>2055 Third St., Perry, FL 32348 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PAUL, WILFRID<br>3024 N. POWERS DRIVE, APT #205<br>ORLANDO FL 32818 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER/OFFICER ☑ Change ☐ Addition<br>TREVA WALKER<br>107 Belair St.<br>Perry, FL 32348 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RODNEY, SHALONDA<br>6819 RIVER OAKS DRIVE., APT S201<br>ORLANDO FL 32818 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY/OFFICER ☑ Change ☐ Addition<br>Shaphonda Brown<br>853 Gibson Road, Havana, FL 32333 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 617, 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: Tonja Jones SIGNATURE REQUIRED 5/5/03 (407)445-4454