

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90083 015 \*\*\*\*61.25

DOCUMENT # N00000006091

1. Entity Name

ATTITUDE ACADEMY OF LEARNING, INC.

Principal Place of Business

1600 NW 47TH AVE.  
LAUDERDALE FL 33313

Mailing Address

1600 NW 47TH AVE.  
LAUDERDALE FL 33313

2. Principal Place of Business

4702 W. SAM ALLEN RD.  
Suite, Apt. #, etc.

3. Mailing Address

1600 NW 47TH AVE  
Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

LAUDERHILL FL

4. FEI Number

65-1040571

Applied For

Not Applicable

Zip

33565

Country

HILLSBOROUGH

Zip

33313

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHUCK MOGBO, P.A.  
2800 W. OAKLAND PARK BLVD., STE. #209  
OAKLAND PARK FL 33311

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.

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, LEONARD P SR. 1600 NW 47TH AVE. LAUDERDALE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRANT, LEONARD P SR. 1600 NW 47TH AVE. LAUDERDALE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOFFSTALL, CAROLYN 4702 W. SAM ALLEN RD. PLANT CITY FL 33565	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRANT, PHEBE 1600 NW 47TH AVE. LAUDERDALE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLESS, ROBERT 7009 LAMBRIGHT CT. TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, LEONARD A. SR. 1600 NW 47TH AVE LAUDERHILL FL 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRANT, LEONARD A. SR. 1600 NW 47TH AVE LAUDERHILL FL 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRANT, PHEBE P. 1600 NW 47TH AVE LAUDERHILL FL 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: PHEBE GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01 954-564-2608

CR2E037 (10/00)