## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 21, 2002 8:00 am DOCUMENT # N0100000652 **Secretary of State** 1. Entity Name 02-21-2002 90040 009 \*\*\*\*61.25 BLUE HEART SCHOOL, INC. Principal Place of Business Mailing Address 27820 67TH AVENUE EAST 27820 67TH AVENUE EAST 941176 MYAKKA CITY FL 34251-9448 MYAKKA CITY FL 34251-9448 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 071925 rade Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROHL, CHAD E 27820 67TH AVENUE EAST MYAKKA CITY FL 34251-9448 Έ City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) Addition ☐ Change TMLE ☐ Delete TITI E had Edward Rohi NAME NAME 820671 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Myalke Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 6)+~ CITY-ST-ZIP CITY-ST-ZIP ~ インとい Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

FILED

Daytime Phone #