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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO100002013 1. Entity Name STARCOAST-A DISTANCE LEARNING ACADEMY, INC.								Mar 28, 2002 8:00 am Secretary of State				
STARCO	DAST-A DI	STANCE LEA	IRNING ACA	DEMY, INC.		7			02-24-2002 9009	0 039 ***	°*61.25	
Principal Plac	s	Ma	iling Address		<u>'</u>		1					
				07 CORAL BLVD ADENTON FL 34210								
2. Principal I	Place of Busin	ness	3. 1	Mailing Address	<u></u>							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE;				-
City & State				City & State				4. FEI Number . Applied For				7
Zip Country				Zip · Co			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	ad Agent				7. Name and Address of New Registered Agent				1			
6. Name and Address of Current Registered Agent						Name						J
NOLTE, MARLENE 4907 CORAL BLVD BRADENTON FL 34210						Street Address (P.O. Box Number is Not Acceptable)						1
					City	FL Zip Code			ie	-		
					(NOTE: Registered Agent signature required Campaign Financing and Contribution.			\$5.00 May Be Added to Fees Department of State				
10.		OFFICERS	AND DIRECTOR	88	11.			ADDITIONS/CHANGE	S TO OFFICERS AND DIE	ECTORS IN	110	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STARCO	MAN	D 1812-441	Delete	TITLE NAM STRE	-	,	is sure and the su	20 TO OFFICE AND DIE	☐ Change	Addition	CR2E037 (9/01)
TITLE NAME STREET ADDRESS	VICE - Tom Je 1015 T	CHAIR ETT DORIS DR	D	☐ Delete	TITLE NAM STRE	E ET ADORESS				Change	Addition	CR2
CITY-ST-ZIP TITLE NAME	VICE-	CHAIR -JETT-	D	☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1215 [DORIS DR	L 34243	-	STRE	ET ADDRESS -ST-ZIP		مسترسد المعتقدين المستمسد	• • •	e•		
TITLE NAME STREET ADDRESS	TREAS	urer Barker DLAND D	\mathcal{D}	☐ Delete	TITLE NAME STRE					☐ Change	Addition Addition	
CITY-ST-ZIP	BIG F	LATS N	7 14814 T	☐ Delete		ST-ZIP		<u> </u>		Change	Addition	
NAME Street address	78 PENNY	WATERM ORAL BL	٧b		. NAME	ET ADORESS				-		
NAME	BOARD I KATHER 17488 I	MEMBER ATINE WAKE SLAINE WOTA, FL	r LARGE FIELD PAY	P □ Delete	TITLE NAME STREE					☐ Change	☐ Addition	**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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:

SCHABLIDE TEOLIBED

SENTURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

2/12/02 407 562 366.2 Daylore Phone #