

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002138

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: THE IMAGINE SCHOOL, INC.

Current Principal Place of Business:

P.O.BOX 3254
W PALM BCH, FL 33402

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 3254
W PALM BCH, FL 33402

New Mailing Address:

FEI Number: 65-1159655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLIGAN, ALPHONSO S ESQ.
STE 201 E PARK DR
PALM BCH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ENGLERT, SUSAN
Address: 11517 SANDERLING DR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MILLIGAN, ALPHONSO S
Address: P.O.BOX 211796
City-St-Zip: ROYAL PALM BCH, FL 334211796

Title: D () Delete
Name: MILLIGAN, ANGEL D
Address: P.O.BOX 211796
City-St-Zip: ROYAL PALM BCH, FL 334211796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLERDYCE, DIANE R
Address: 506 SE 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change () Addition
Name: MILLIGAN, ALPHONSO S
Address: P.O.BOX 3254
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D (X) Change () Addition
Name: COPPOCK, MARK S
Address: 626 NORTH DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSO MILLIGAN

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date