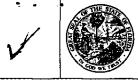
## **NOT-FOR-PROFIT CORPORATION**

**UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # N02000004620

1. Entity Name

MAJESTY LEARNING CENTER, INC. **4520 PARKBREEZE COURT** ORLANDO, FL 32808



## **FILED** Jul 07, 2003 8:00 am Secretary of State 07-07-2003 90145 016 \*\*\*\*61.25

	DO NOT WRITE	IN THIS SI	PACE					
Principal Place of Business     3. Mailing Address								
MA.TES'	TY LEARNING CENTER. 1	INC. 4520 PARKE	REEZE C	т.				
Suite, Apt.		Suite, Apt. #, etc.	<del></del> ;		}	O NOT WRITE IN THE	S SPACE	
City & Chart		City & State			4 551 N			
City & State  ORLANDO - FL		City & State ORLANDO - FL			4. FEI Number Applied For 51-0425070 Not Applicab			
Zip	Country Zip		Country		\$8.75 Additional		<del></del>	
32808	U.S.A.	32808	U.S.A	•	5. Certificate of State	us Desired	Fee Required	
					7. Name and Addres	s of Current Register	ed Agent	
			Na	Name CLAUD BOWERS				
DO NOT WRITE			Str	Street Address (P.O. Box Number is Not Acceptable) 4520 PARKBREEZE COUR!F1				
IN THIS SPACE				4520 PARKBREEZE COURTI				
		AUL		<u></u>				
			Cit	ORLAN	DO	F	L Zip Code 8	
8. The above	named entity submits this statement for	or the purpose of changing its	reaistered offi			e state of Florida, I am	<del></del>	
	ions of registered agent.	p= p==	- <b>3</b>				,	
SIGNATURE .	W							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent	signature required	when reinstating)	DATE		
	FEE IS \$61.25	9. Election Car	mogian Financ	ina	¢= 00	Make Che	ck Payable to	
.2	Initial or Amended UBR	Trust Fund 0		."" <sup>9</sup> 🗆	\$5.00 May Be Added to Fees		artment of State	
	1.5							
10.	OFFICERS AND DI	RECTORS	<b>國際語 李華</b>			ngiliy iyo Sugargari Diji ugʻil 🙃 🙃	a to a throught party to the final of	
TITLE	D COURDS OF AUD		TITLE					
NAME	BOWERS, CLAUD	orr	NAME					
STREET ADDRESS CITY-ST-ZIP	4520 PARKBREEZE COUL ORLANDO, FL 32808	XI.	STREET ADDI					
	ORLANDO, FL 32808	<del></del>	ANGEL GERHOOF VON THE CALL			Contract Constraint and Con-		
TITLE NAME	BOWERS, FREEDA		TITLE.					
STREET ADDRESS	4520 PARKBREEZE CT.		STREET ADDR	RESS				
CITY-ST-ZIP	QRLANDO, FL 32808		CITY-ST-ZIP	<b>医机器位置 化基础管理</b>				
TITLE	D		TITLE			ante publicativado da		
NAME	HOWELL, P.B., JR.		NAME					
STREET ADDRESS	603 GIBSON ST.	• .	STREET ADDR		יי החיי	NOT WR	ITE"	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		PO.			
TITLE	BEIK, STEPHEN W.		TITLE		NT	HIS SPA	CE	
NAME   STREET ADDRESS	1101 N LAKE DESTINY	POAD SITTER 120	NAME STREET ADDR	orec			9-	
CITY-ST-ZIP	MAITLAND, FL 32751	WOAD SCIIL 120	CITY-ST-Z)P	Den CONT. Mile Male March and				
TITLE	1414 11414U, 111 J4/J1		TITLE					
NAME			NAME					
STREET ADDRESS			STREET ADDI	RESS				
CITY-ST-ZIP			CITY-ST-ZIP				a. Names mad membrahan kanalangan	
TITLE			TITLE	potential republications		dening, menegasikangengenga , greni	an mentang ang pangkatan tahun pangkatan	
NAME			NAME					
STREET ADDRESS			STREET ADDR	RESS				

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 receipter or visuese empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like appears. attachment with an address,

**SIGNATURE:** 

06/30/2003

407/298-5555