2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2002 8:00 AM
Secretary of State

DOCUMENT# N36488

Entity Name: CLEARWATER ACADEMY INTERNATIONAL, INC.

Current Principal Place of Business:

801 DREW ST
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

801 DREW ST
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-2987746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIPMAN, PAM
809 LAKE FOREST RD
CLEARWATER, FL 33765 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: PD ( ) Delete
Name: CHIPMAN, PAM
Address: 809 LAKE FOREST RD.
City-St-Zip: CLEARWATER, FL 33765

Title: VD ( ) Delete
Name: JOHNSON, SUZANNE
Address: 717 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: TD ( ) Delete
Name: FELDMAN, JEFFREY
Address: 411 DRUID RD W
City-St-Zip: CLEARWATER, FL 33756

Title: SD ( ) Delete
Name: FELDMAN, SIKICA
Address: 411 DRUID RD W
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAM CHIPMAN PD 02/22/2002

Electronic Signature of Signing Officer or Director — Date