2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N36488

1. Entity Name

CLEARWATER ACADEMY INTERNATIONAL, INC.

FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90252 022 ****70.00

Principal Plac	e of Business	Mailing Address						
801 DREW ST CLEARWATER FL 33755 US		801 DREW ST CLEARWATER FL 33755 US						
					i (88)(1 8) 118 (1)(1		 	1 1 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-	2987746	<u> </u>	oplied For ot Applicable
Zip	Country	Country Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
	·		Name .		7.410	- 4		
CHIPMAN	i, PAM	Street A	Jim Zues5 et Address (P.O. Box Number is Not Acceptable)					
	FOREST RD			hO I	W. Betty	Lane		
	ATER FL 33765							
			City	•	1		Zip Cod	e
	•			lean	vater	. FI	- 337	Š <i>S</i>
	named entity submits this statement fo	r the purpose of changing its reg	istered office or	r registered	d agent, or both, in th	e State of Florida. I an	n familiar with,	and accept
the obligat	tions of registered agent.	1						
	•		, 	10	Dronto.	?		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOX: Re	gistered Agent signatu	turo romitrod ut		DATE		
	Signature, typed or printed harrie or registered agent	and the sapplicable. (NOC. 116	gistared Agent signati	ore required wi	neri (einstating)			
FILE NOW: FEE IS \$61.25 9. Election Campaign Fir Trust Fund Contribution					55.00 May Be added to Fees	Make Che Florida Depa	ck Payable ertment of \$	
10.	OFFICERS AND DIF	ECTORS	11.	ΔΓ	DITIONS/CHANGES	TO OFFICERS AND E	DIRECTORS IN	110
TITLE	IPO	Delete	TITLE	PD -	DITTORO, OT WILL GE	710 0111001107410	Change	Addition
NAME	CHIPMAN, PAM	LL Delete	NAME	TOSE	Feldman		□ Onlange	
STREET ADDRESS	809 LAKE FOREST RD.		STREET ADDRESS	411	Drvid Rd.	w .		ĺ
CITY-ST-ZIP	CLEARWATER FL 33765		CITY-ST-ZIP	Clea	. 1	1:1533750	,	
TITLE	VD	☐ Delete	TITLE	<u> </u>	10-00 12 3 3 3		☐ Change	Addition
NAME	JOHNSON, SUZANNE	La Delete	NAME	1.				
STREET ADDRESS	717 WEATHERSFIELD DR		STREET ADDRESS	*	١.			
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP	<u> </u>	•			
TITLE	TD	- Delete - عبد الم	TITLE to a second				~[-] Change	Addition
NAME	FELDMAN, JEFFREY	LIVOCIGE	NAME					
STREET ADDRESS	411 DRUID RD W		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP	ļ				
TITLE	SD	☐ Delete	TITLE				Change	☐ Addition
NAME	FELDMAN, SIKICA	E benete	NAME					
STREET ADDRESS	411 DRUID RD W		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP					Į.
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME	ļ ·				
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	*	☐ Change	Addition
NAME			NAME					
STREET ADORESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					}

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:

10 April 103

(727) 446-1722