2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90016 042 ****61.25

DOCUMENT # N45925

1. Entity Name

SINGLE MOTHERS IN A LEARNING ENVIRONMENT, INC.

Principal Place of Business	Mailing Address
54 E MAIN ST APOPKA FL 32703-5256 US	52 EAST MAIN STREET APOPKA FL 32703-5256

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3118405 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMS, DEBORAH 54 EAST MAIN STREET APOPKA FL	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☑ Delete	TITLE	DP ☑ Change ☐ Addition
NAME	ROLLINS, CYNTHIA	NAME	Bertha Kovalski
STREET ADDRESS	1777 SADDLEBACK RIDGE	STREET ADDRESS	3635 Palm Ave.
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	Apopka, Fl. 32712
TITLE	DVP ☑ Delete	TITLE	DVP ☑ Change ☐ Addition
NAME	COLLIER, ROSE M	NAME	Cynthia Thornton
STREET ADDRESS	8945 N. LAKE ORL. PKWY	STREET ADDRESS	103 W 8th Ave.
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	Apopka, Fl. 32703
TITLE	DS ☑ Delete	TITLE	DS ☑ Change ☐ Addition
NAME	MCQARVIN, GLORIA	NAME	Mary Nixon
STREET ADDRESS	473 PLYMOUTH ROCK PL.	STREET ADDRESS	189 Durham Pl. Unit 101
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	Longwood, Fl. 32779
TITLE	D ☑ Delete	TITLE	D ☑ Change ☐ Addition
NAME	LEE, LINDA	NAME	Velda Morris
STREET ADDRESS	24 E 15TH STREET	STREET ADDRESS	2502 Bon Air Dr.
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	Orlando, Fl. 32818
TITLE	D ☑ Delete	TITLE	D ☑ Change ☐ Addition
NAME	MCNEIL, M.	NAME	Marsha Neal
STREET ADDRESS	P.O. BOX 4013	STREET ADDRESS	1192 Hermit Smith Rd P.O. Box 150
CITY-ST-ZIP	APOPKA FL 32704-4013	CITY-ST-ZIP	Plymouth, Fl. 32768
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	WOODSON, MYLITZA	NAME	
STREET ADDRESS	2905 BERMUDA AVE S	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	

CR2E037 (9/01)

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 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: Rebecca Smith / Rebecca Smith 1/29/02 407-889-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #