

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0037479

04-02-2002 90941 043 ****61.25

DOCUMENT # N94000001553

1. Entity Name

**WILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLOR
 A, INC.**

Principal Place of Business

Mailing Address

7135 PIGEON KWAY WAY
 LAKEWORTH FL 33467
 US

7135 PIGEON KEY WAY
 LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

4839 Waverly Woods Terrace
 Suite, Apt. #, etc.

4839 Waverly Woods Terrace
 Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

65-0488705

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33463

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLATLEY, RACHEL T ESQ.
 7135 PIGEON KEY WAY
 LAKE WORTH FL 33469

Name
 Kellie Verrelli

Street Address (P.O. Box Number is Not Acceptable)
 4839 Waverly Woods Terrace

City
 Lake Worth FL Zip Code
 33463

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

Kellie Verrelli

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLATLEY, RACHEL 7135 PIGEON KEY WAY LAKE WORTH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEZENDORF, MAITE D 4921 SAND DUNE CIR, APT 108 WEST PALM BCH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAIR, JANET K 3642 HIGH PINE DRIVE CORAL SPRINGS FL 33065-6011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYRNE, KIM 19866 BLACK FALCON RD LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D VERRELLI, KELLIE 4839 Waverly Woods Terrace Lake Worth FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>90</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D PARKER, Kim 9110 Banquet Way Lake Worth FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Kellie Verrelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-25-02

Daytime Phone #

561-923-6348

CR2E037 (9/01)