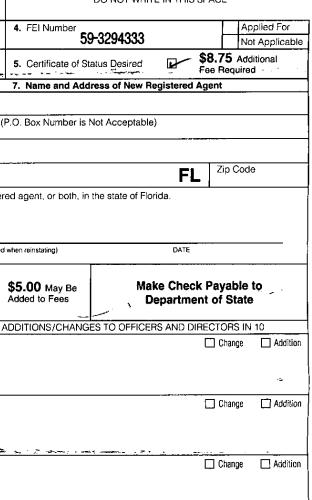
## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9500000496 1. Entity Name ALCOTT SCHOOL, INC. Principal Place of Business Mailing Address 9908 LONE TREE LN 9908 LONE TREE LN **TAMPA FL 33618 TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address 9908 Lone Tree Ln. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3294333 Iamp ampa, 5. Certificate of Status Desired IJ.S.A U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) URANOWSKI, MARY ANN 207 KINGSWAY RD. **BRANDON FL 33510** FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees 10. 🛎 OFFICERS AND DIRECTORS 11. PD TITLE ~ ☐ Delete TITLE SANDERS, KELISTA NAME NAME > STREET ADDRESS STREET ADDRESS 9908 LONE TREE LANE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618 ☐ Delete TITLE TITLE PULLEN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 802 ANNIE

## May 27, 2002 8:00 am Secretary of State

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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 grachanged, or on an attachment with an address, with all other like empowered.

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