2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003861

Entity Name: MORNINGSTAR LEARNING CENTER INC.

FILED Jan 20, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8200 BEE F SARASOTA							
Current Mailing Address:				New Mailing Address:			
P O BOX 55 SARASOTA	502 A, FL 3427755	02					
FEI Number:	59-3376870	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	ew Registered Agent:	
DITCHFIELD, STANLEY 3569 SAVLSTARS CT APT 141 SARASOTA, FL 34232			HOLLAND, JACQUELIN D 3569 SAULSTARS CT SARASOTA, FL 34232				
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registered of	fice or registered agent, or both,	
SIGNATURE: JACQUELIN D. HOLLAND			01/20/2003				
	Electroni	Signature of Registered Agen	ıt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR	₹S:
Title: Name: Address: City-St-Zip:	PD () I JACQUELIN D. H 2825 PINECRES SARASOTA, FL			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VDT () I STANLEY DITCH 3569 SAULSSTA SARASOTA, FL	R CT		Title: Name: Address: City-St-Zip:	STANLEY DITCH	TRY CLUB DR. N. APT. 141	
Title: Name: Address: City-St-Zip:	D () I JOAN DITCHFIE 3569 SAULSSTA SARASOTA, FL	RS CT		Title: Name: Address: City-St-Zip:	, ,		
Title: Name: Address: City-St-Zip:	D () I GIANCOLI, WEN 1616 ADAMS DR SUFFOLK, VA 2	: W		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () I KUTINSKY, DON 1121 HONORE A SARASOTA, FL	VE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D () MEACHAM, DEE 3569 SAULSTAI SARASOTA, FL	RS COURT	

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: MAXIMILLIAN M. MAYERHOFER M 01/20/2003