

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90724 046 ****70.00

DOCUMENT # N97000002238

1. Entity Name

JUST FOR KIDS ACADEMY CORPORATION



Principal Place of Business

**1305 NE 1 STREET
OCALA FL 34470**

Mailing Address

**1170 DOLPHIN ROAD
SINGER ISLAND FL 33404
US**

2. Principal Place of Business

3. Mailing Address

1170 Dolphin Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Singer Island, FL

Zip

Country

Zip

Country

33404

4. FEI Number **59-3443818**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SARRIA, YESENIA
1203 12TH TERRACE
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **E.T. Strickland**

Street Address (P.O. Box Number is Not Acceptable)

1170 Dolphin Rd.

City

Singer Island

FL

Zip Code

33404

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

E. J. Strickland

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-4-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, E.T.	
STREET ADDRESS	1170 DOLPHIN ROAD	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL, PAMELA	
STREET ADDRESS	1170 DOLPHIN ROAD	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMID, FREDERICK W	
STREET ADDRESS	1350 TWELVE OAKS WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORRIENTE, VIRGINIA D	
STREET ADDRESS	9901 N.E. 36TH AVENUE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	D	<input type="checkbox"/> Delete
NAME	YESENIA, SARRIA	
STREET ADDRESS	1203 12TH TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	460 S. Rosemary Ave.	<input type="checkbox"/> Delete
NAME	#207	
STREET ADDRESS	WFB, FL 33401	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert T Johnson	
STREET ADDRESS	1165 N. Ocean Dr. Suite F	
CITY-ST-ZIP	Singer Island, FL 33404	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rhonda Strickland	
STREET ADDRESS	1165 N. Ocean Dr. Suite F	
CITY-ST-ZIP	Singer Island, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yesenia Sarria	
STREET ADDRESS	1165 No. Ocean Drive Suite F	
CITY-ST-ZIP	Singer Island, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: **SIGNATURE**

03-4-03

511-8441272