

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

APPROVED
AND
FILED
AMENDED

03 AUG 19 PH 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002238

1. Entity Name

Just for Kids Academy
Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1305 N.E. 1st St.
Suite, Apt. #, etc.

3. Mailing Address

1170 Dolphin Rd
Suite, Apt. #, etc.

800022661898

08/29/03--01026--012 **70.00

2003 **AMENDED**

City & State

Ocala, FL

City & State

Singer Island, FL

4. FEI Number

593443818

Applied For

Not Applicable

Zip

34470

Country

U.S.

Zip

33404

Country

U.S.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

E.T. Strickland

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

1170 Dolphin Road

City

Singer Island

FL

Zip Code

33404

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
E.T. Strickland
1170 Dolphin Road
Singer Island, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Yesenia Sarria
2655 No. Ocean Drive
Singer Island, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Toni Shop
17747 47th Court No.
Loxahatchee, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

E.T. Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.T. Strickland

8/14/03

561-881-0080

Date

Daytime Phone #

CR2E037B (12/02)