

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004334

1. Entity Name

LEARNING SOLUTIONS OF BAY COUNTY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90110 009 ****61.25

Principal Place of Business

Mailing Address

1718 MAINE AVE
LYNN HAVEN FL 32444

1718 MAINE AVE
LYNN HAVEN FL 32444-4110

2. Principal Place of Business

3. Mailing Address

P.O. Box 1505

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LYNN HAVEN, FL

4. FEI Number

59-3592019

Applied For

Not Applicable

Zip

Country

Zip

Country

32444

US

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

MATTSON, TERESA M
1718 MAINE AVE
LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

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

TERESA M MATTSON

3-15-00

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D
NAME MATTSON, TERESA M
STREET ADDRESS 1718 MAINE AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MATTSON, GWENDOLYN E
STREET ADDRESS 8707 JEFFREY ROAD
CITY-ST-ZIP SOUTHPORT FL 32409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PAYNE, DONALD R
STREET ADDRESS P O BOX 1505
CITY-ST-ZIP LYNN HAVEN FL 32444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

Teresa M Mattson

TERESA M MATTSON

3-15-00

850-814-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)