

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004334

1. Entity Name

LEARNING SOLUTIONS OF BAY COUNTY, INC.

Principal Place of Business

1718 MAINE AVE
LYNN HAVEN FL 32444

Mailing Address

PO BOX 1505
LYNN HAVEN FL 32444

2. Principal Place of Business

1556 CHANDLER AVE

3. Mailing Address

P.O. Box 1505

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

LYNN HAVEN, FL

Zip

32401

Country

BAY

Zip

32444

Country

BAY

4. FEI Number

59-3592019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MATTSON, TERESA M
1718 MAINE AVE
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-01

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

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-01 850-814-6500

CR2E037 (10/00)