9/17/01-90008-002-$70.00-$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007656

1. Entity Name

DULANEY EDUCATIONAL INSTITUTE, INC.

LA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 4:36

Principal Place of Business	Mailing Address
4020 N. MARGUERITE STREET TAMPA FL 33603	4020 N. MARGUERITE STREET TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDERSON, JANIE 4020 N. MARGUERITE STREET TAMPA FL 33603	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 Janie Henderson Janie Henderson 9/10/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENDERSON, JANIE 4020 N. MARGUERITE STREET TAMPA FL 33603	☒ Delete	President D Marissa Powell 4020 N. Marguerite St. Tampa, FL 33603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JONES, JUDY 4020 N. MARGUERITE STREET TAMPA FL 33603	☒ Delete	Secretary D Patricia Barwo 4020 N. Marguerite St. Tampa, FL 33603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PERRY, ANTHONY 4020 N. MARGUERITE STREET TAMPA FL 33603	☒ Delete	Janie Powell D 4020 N. Marguerite St. Tampa, FL 33603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/01)

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: Marissa Powell REQUIRED Marissa Powell 813/276-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #