

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

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**  
09-15-2003 90158 031 \*\*\*\*70.00

**DOCUMENT # N99000007656**

1. Entity Name  
**DULANEY EDUCATIONAL INSTITUTE, INC.**



Principal Place of Business

**4020 N. MARGUERITE STREET  
TAMPA FL 33603**

Mailing Address

**4020 N. MARGUERITE STREET  
TAMPA FL 33603**

2. Principal Place of Business

**12219 Anne Kenia Dr.**

Suite, Apt. #, etc.  
**Thonotosassa, FL**

City & State

3. Mailing Address

**12219 Anne Kenia Dr.**

Suite, Apt. #, etc.  
**Thonotosassa, FL**

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3689611**

Applied For

Not Applicable

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

Zip

**33592**

Country

**USA**

Zip

**33592**

Country

**USA**

6. Name and Address of Current Registered Agent

**HENDERSON, JANIE**

**4020 N. MARGUERITE STREET  
TAMPA FL 33603**

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

SIGNATURE

*Janie Henderson*

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

(NOTE: Registered Agent signature required when reinstating)

**9/7/03**

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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 **PD** ☐ Delete  
NAME **POWELL, MARISSA**  
STREET ADDRESS **4020 N. MARGUERITE STREET**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **SD** ☐ Delete  
NAME **BONIO, PATRICIA**  
STREET ADDRESS **4020 N. MARGUERITE STREET**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **TD** ☐ Delete  
NAME **POWELL, JANIE**  
STREET ADDRESS **4020 N. MARGUERITE STREET**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

*Signature Required*

**9/7/03**

Deputy Phone #

CR2E037 (4/03)