

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000063734**1. Entity Name  
THE KNOWLEDGE SHOP OF BROWARD, INC.Principal Place of Business  
6390 OSPREY TERRACE  
COCONUT CREEK FL 33073Mailing Address  
6390 OSPREY TERRACE  
COCONUT CREEK FL 330732. Principal Place of Business  
4931 COCONUT CREEK PARKWAY3. Mailing Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
COCONUT CREEK FL

City &amp; State

Zip  
33063

Country

6. Name and Address of Current Registered Agent

JOVANOVIC DOUGLAS P.A.  
17 SOUTHEAST 24TH AVENUE  
POMPANO BEACH FL 33082 US

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 \_\_\_\_\_ DATE **04/10/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SIBLEY LAWRENCE E  
STREET ADDRESS 6390 OSPREY TERRACE  
CITY-ST-ZIP COCONUT CREEK FL 33073TITLE DPST ☐ Delete  
NAME SIBLEY SHERRIE L  
STREET ADDRESS 6390 OSPREY TERRACE  
CITY-ST-ZIP COCONUT CREEK FL 33073TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SHERRIE L. SIBLEY**

DPST 04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)