## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000078432

1. Entity Name

ARLINGTON HILLS DAY SCHOOL OF JACKSONVILLE, INC.



## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90216 004 \*\*\*150.00

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Principal Place of Business 2209 N UNIVERSITY BLVD JACKSONVILLE FL 32211				Mailing Address 2209 N UNIVERSITY BLVD JACKSONVILLE FL 32211				1 188/1881 HI 88/11 88/11 88	11/2 <b>1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 <b>8</b> 1117 1 <b>8818</b> 7 1 <b>8</b> 711	liller"	iire den ioen
2. Principal F	Place of Business	3. Mai	3. Mailing Address									
Suite, Apt.	. #, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State .			4.	4. FEI Number 59-3665828			Applied For Not Applicable	
Zip Country			Zip	Zip Count			5.	5. Certificate of Status Desired See Requ			Add	itional
	6. Name an	d'Address of Currer	nt Realstere	ed Agent ~			7.	Name and Address of No	w Register	red Agent		
						Name				ourigent ,	<u> </u>	
1	EN, MARTHA S					Street Address (P.O. Box Number is Not Acceptable)						
14041 U.S. HWY ONE JUNO BEACH FL 33408												
										Zip Code		
	named entity su tions of registered		for the purp	ose of changing its	registere	d office or regis	stered aç	gent, or both, in the State o	of Florida. I	am familiar	with, a	and accept
SIGNATURE .		inted name of registered ager	nt and title if app	licable. (NOTE	E: Registered	Agent signature requ	uired when r	reinstating)	DA	TE.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaig  Trust Fund Contrib	_			May Be to Fees
Make Check	k Payable to Flo	orida Department	of State									
10.		OFFICERS AND	D DIRECTO	RS	11.		Αſ	DDITIONS/CHANGES TO	OFFICERS.	AND DIREC	TORS	IN 11
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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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with arreddoms, with all other like empowered.

SIGNATURÉ

DE PERIODE CONTROL OF SIGNING OFFICER OR DIRECTOR

Singlefary

4/1/02

904-744-3582

Daytime Phone #