FILED
Jun 19, 2002 8:00 am
Secretary of State
06-19-2002 90929 018 ***150.00

10 - 1111	UMENT # P0000 ARNING CENTER AND PRESC		▼	l	06-19-2002 90929 0			NV - 5081
Principal Place of Business 2748 GULF BREEZE PARKWAY GULF BREEZE FL 32561		Mailing Address 6349 MICHIGAN AVE MILTON FL 32583				,	_	
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number	- 1	Applied For	7
Zip	Country	Zip	Country		59-3681809	69.75	Not Applicab	le
<u> </u>	6. Name and Address of Current F	a contract and a			Certificate of Status Desired	Fee Req	Additional uired	
	or realise and Address of Current P	registered Agent	Name	7.	Name and Address of New Regist	ered Agent		コ
Wilson, Barbara 6349 Michigan Ave Milton Fl 32583				Street Address (P.O. Box Number is Not Acceptable)				
8. The above	e named entity submits this statement for	the purpose of changing its re	City	r registered a	gent or hold in the State of Florida	FL Zip C	Code	
SIGNATURE	•		Registered Agent signal			DATE		
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 2002 Make Check Payable	FEE IS \$150. Fee will be \$! to Departmen	550.00	10. Election Campaign Financing Trust Fund Contribution.	· _ \$5	.00 May Be	
TITLE	OFFICERS AND D		12.	ΑC	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11	4
NAME STREET ADDRESS CITY-ST-ZIP	WILSON, ROY D JR 6399 MICHIGAN AVE MILTON FL 32583	□ Deicte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🔲 Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i		☐ Change	Addition	SB
TITLE NAME STREET ADDRESS	17 1, 1990, 21, 239, 41	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	;
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADORESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		,	☐ Change	☐ Addition	
CITY-ST-ZIP		Object	CITY-ST-ZIP					

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiper of vustee empowered to changed, or on an attachment with all address; with all of the corporation. the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Payida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

2002 UNIFORM BUSINESS REPORT (UBR)

☐ Change ☐ Addition



AHachment Document H P0000 100857

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 2, 2002

A+ LEARNING CENTER AND PRESCHOOOL INC. 6349 MICHIGAN AVE MILTON, FL 32583

Subject: A+ LEARNING CENTER AND PRESCHOOOL INC.

Reference Number: P00000100857

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/km ANNUAL REPORTS SECTION