

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90166 040 ***150.00

DOCUMENT # P00000102461

1. Entity Name
GREAT EXPECTATIONS LEARNING ACADEMY, INC.



Principal Place of Business
630 S.W. 66 TERRACE
PEMBROKE PINES FL 33023

Mailing Address
630 S.W. 66 TERRACE
PEMBROKE PINES FL 33023



2. Principal Place of Business
15250 S. TAMiami TRAIL

3. Mailing Address
635 W. Valley DR

Suite, Apt. #, etc.
Suite G

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT MYERS, FLORIDA

City & State
Bonita Springs, FL

4. FEI Number **65-1081258**

Applied For
Not Applicable

Zip
33908

Country
USA

Zip
34134

Country
Collier

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

PHILIPP, SHEILA K
630 S.W. 66 TERRACE
PEMBROKE PINES FL 33023

Name
Sheila K. PHILIPP

Street address (P.O. Box Number is Not Acceptable)
635 W. Valley DR.

City **Bonita Springs** **FL** **34134**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Delete
NAME **PHILIPP, CHARLES**
STREET ADDRESS **630 S.W. 66 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☒ Change ☐ Addition
NAME **635 W. Valley DR**
STREET ADDRESS **Bonita Springs, FL**
CITY-ST-ZIP **34134**

TITLE **P** ☐ Delete
NAME **PHILIPP, SHEILA**
STREET ADDRESS **630 SW 66 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☒ Change ☐ Addition
NAME **D/P**
STREET ADDRESS **635 W. Valley DR.**
CITY-ST-ZIP **Bonita Springs, FL**
34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 607, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 239 498 0701
Date Daytime Phone #

CR2E034 (10/02)