

2001 UNIFORM BUSINESS REPORT (UBR)

2/28
2/28

FILED
Mar 28, 2001 8:00 am
Secretary of State

02-28-2001 90069 015 ***150.00

DOCUMENT # P01000000049

1. Entity Name

KALEIDOSCOPE LEARNING LAB, INC.

Principal Place of Business

Mailing Address

1213 OAK AVENUE
PANAMA CITY FL 32401

1213 OAK AVENUE
PANAMA CITY FL 32401

2. Principal Place of Business

1556 Chandlee Avenue

3. Mailing Address

1556 Chandlee Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Panama City, Florida

4. FEI Number

59-3693995

Applied For

Not Applicable

Zip

32401

Country

U.S.

Zip

32401

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, J. ROBERT. ESQ.
220 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Teresa M. Mattson

Street Address (P.O. Box Number is not acceptable)

1556 Chandlee Avenue

City

Panama City

FL

Zip Code

32401

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

Linda T. Mattson

Teresa M. Mattson

2-29-01

Signature, typed or printed name of registered agent and 100 \$ applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda Jones Mattson 8707 Jeffery Road Southport, FL 32409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Teresa M. Mattson P. O. Box 1505 Lynn Haven FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Linda T. Mattson

3-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)