

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000010948

FILED
Feb 14, 2002 8:00 AM
Secretary of State

Entity Name: NORTH PORT LEARNING CENTER, INC.

Current Principal Place of Business:

5500 BISCAYNE DR.
N. PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

5500 BISCAYNE DR.
N. PORT, FL 34287

New Mailing Address:

FEI Number: 65-1066823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, KAREN S
5328 KISMET TERR.
N. PORT, FL 34287

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: GRAY, KAREN S OWNER
Address: 5328 KISMET TERRACE
City-St-Zip: NORTH PORT, FL 34287 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN SANCHEZ GRAY

OWNE

02/14/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date