FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 06, 2002 8:00 am § Secretary of State P01000016610 DOCUMENT # 1. Entity Name RONDEAU SCHOOL, INC. 05-06-2002 90260 049 ***150.00 Principal Place of Business Mailing Address 5410 MYRTLE DRIVE 5410 HYRTLE DRIVE FT PIERCE FL 34032 FT PIERCE FL 34982 Principal Place of Business 3. Mailing Address 2412 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FELNumber pierce Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLINS, CHANDA R 5410 MYRTLE DRIVE FT PIERCE FL 34982 8. The above named entity submits this state ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change -· \ddition COLLINS, CHANDA R NAME NAME 5410 MYRTLE DRIVE STREET ADDRESS STREET ADDRESS FT PIERCE FL 34982 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ondeau kathleen RONDEAU, KATHLEEN NAME NAME 2412 Royal pain Dive 2412 ROYAL PALM DRIVE STREET ADDRESS STREET ADDRESS pièrce FL 34982 CITY-ST-ZIP FT PIERCE FL 34982 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME 表施整 1 18 m STREET ADDRESS STREET ADDRESS 23544.27 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE:

GNATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR