FILED Apr 24, 2002 8:00 am Secretary of State

04-24-2002 90379 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P01000035252

DOCUMENT # 1. Entity Name

TLC EDUCATION CENTER, INC.

Principal Place of Business 1255 S. FLORIDA AVE., SUITE A Mailing Address

1255 S. FLORIDA AVE., SUITE A

HOUNLEDGE	FL 32900	•	HOCKLEUGE FL 32933						181 21110 11021	Jima (10) (20)	
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
5511517 1911	, 0.0.		Galle, Apr. II, etc.				DO NOT WHITE IN	THIS SH	ACE		
City & Stat	е		City & State				4. FEI Number ×59-37149/4 0 22212			oplied For ot Applicable	7
Zip Country			Zíp	Zip Country			Certificate of Status Desired	¬ \$	8.75 Add		
	6. Name	and Address of Current I	Registered Agent			7.	Name and Address of New Regis	tered Aç	jent		1
					Name						1
MAHONE	y, sarah A	1			Street Address (P.O. Box Number is Not Acceptable)						┨
1255 S. F	LORIDA AV	E., SUITE A		Street Address (1							
ROCKLED	GE FL 329	55									
					City				Zip Code	e	1
		*****			,			FL	1.000]
8. The above	named entity	y submits this statement for	the purpose of changing	its register	ed office or r	egistered ag	gent, or both, in the State of Florida.				
SIGNATURE .	Signature typed	or printed name of registered agent a	nd title if equilicable (Ali	OTE: Pagistara	d Agent signature	raquirad when c	oinetation)	DATE			
	organicato, typoo						distantly)	DATE			1
9. This corporation is eligible to satisfy its Intangible			FILE NOW!!! FEE IS \$150				10. Election Campaign Financia	ng	\$5.0	0 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2 Make Check Pays			Trust Fund Contribution.			to Fees		
11. OFFICERS AND DIRECTORS							DITIONS (CHANGES TO OFFICE	CANDE	VDEOTOD	N IN 44	-
TITLE					. 1	AL	DDITIONS/CHANGES TO OFFICER			Addition	d €
NAME		r, sarah a	L_1 Delete	TITL. NAM				L	Unange	☐ Addition	0
STREET ADDRESS		LORIDA AVE., SUITE A			ET ADDRESS						2
CITY-ST-ZIP		GE FL 32955		CITY	-ST-ZIP						CR2E034 (9/01
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NAME	MAHONEY	', JAMES P	SI NA		AME REET ADDRESS						
STREET ADDRESS	1255 S. Fl	Lorida ave., suite a									
CITY-ST-ZIP	ROCKLED	GE FL 32955		CITY	-ST-ZIP						
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STREET ADDRESS					ET ADDRESS						
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13. I hereby c	ertify that the	information supplied with t	hie filing doge not qualify f	or the ever	motion states	Lin Coation	110 07/2)/i) Florida Statutos I furth	or portifi	. that tha is	formation	1

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I turner certify mat 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

shoney Sarah A. Mahoney