2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State
04-25-2003 90150 016 ***150.00

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DOCUMENT # P01000046715

1. Entity Name
MARIANNE CHAPMAN, M.ED., P.A.

Principal Place of Business	Mailing Address
334 23RD AVE NORTH JACKSONVILLE BEACH FL 32250	~~10 TENTH ST UNIT 64~~ ATLANTIC BCH FL 32233

2. Principal Place of Business	3. Mailing Address
334 2nd Ave North	1820 Sevilla Blvd. #207
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Atlantic Beach FL
Zip: 32250 Country: USA	Zip: 32233 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3719429 ☐ Applied For ☐ Not Applicable

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
CHAPMAN, MARIANNE 10 TENTH ST UNIT 64 ATLANTIC BCH FL 32233	Name Street Address (P.O. Box Number is Not Acceptable): 1820 Sevilla Blvd. #207 City: Atlantic Beach FL Zip Code: 32233

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPMAN, MARIANNE ~~10 TENTH ST UNIT 64~~ ATLANTIC BCH FL 32233	☒ Delete	D Marianne Chapman 1820 Sevilla Blvd. #207 Atlantic Beach, FL 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~334 23rd Ave North~~ ~~Jacksonville Beach, FL 32250~~	☒ Delete	Deleted ~~334 2nd Ave North~~ ~~Jacksonville Beach, FL 32250~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 REQUIRED 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #