

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90427 038 \*\*\*150.00

DOCUMENT # P01000068244

1. Entity Name IMAGINATION STATION LEARNING CENTER INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

146 S. RIDGEWOOD DR.

3. Mailing Address

146 S. RIDGEWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

65-117776

Applied For

Not Applicable

Zip

33870

Country

HIGHLANDS

Zip

33870

Country

HIGHLANDS

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KRISTY M YARBROUGH

Street Address (P.O. Box Number is Not Acceptable)

146 S. RIDGEWOOD DR.

City

SEBRING

FL

33870

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

KRISTY M YARBROUGH PRESIDENT

3-15-02

Signature, typed or printed name of registered agent and title if 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DIRECTOR.  
KRISTY M YARBROUGH  
146 S. RIDGEWOOD DR.  
SEBRING FL 33870

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE

KRISTY M YARBROUGH

Date

Daytime Phone #

CR2E034B (12/01)