

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

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90039 039 ***150.00

DOCUMENT # *P01000076125*

1. Entity Name

LONDON BRIDGETTE'S LEARNING CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3519 BROADWAY AVE

Suite, Apt. #, etc.

3. Mailing Address

3519 BROADWAY AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE FL

4. FEI Number

EIN # 59-3696128

Applied For

Not Applicable

Zip

32254

Country

DUVAL

Zip

32254

Country

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BRIDGETTE SAMPSON

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

3712 TRASK STREET

City

JACKSONVILLE

FL

Zip Code

32205

**DO NOT WRITE
IN THIS SPACE**

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

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	<i>VICE President (V)</i>
NAME	<i>DORNEIL SAMPSON</i>
STREET ADDRESS	<i>8712 TRASK STREET</i>
CITY - ST - ZIP	<i>JAX, FL 32205</i>
TITLE	<i>M</i>
NAME	<i>BRIDGETTE SAMPSON</i>
STREET ADDRESS	<i>3712 TRASK STREET</i>
CITY - ST - ZIP	<i>JAX, FL 32205</i>
TITLE	<i>P</i>
NAME	<i>BRIDGETTE SAMPSON</i>
STREET ADDRESS	<i>SAME AS ABOVE</i>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**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)(f), 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 empowered.

SIGNATURE:

B. Sampson - Bridgette Sampson 8/30/02 381-9731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)

To: Florida Department of State
Katherine Harris
Secretary of State

Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attachment
DH# PD1000576125
B0135153
#

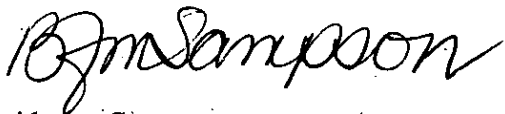
From: Bridgette Sampson
London Bridgette's Learning Center
3519 Broadway Ave
Jacksonville, Florida 32254

Pursuant to our conversation today, via telephone with Christie, August 30, 2002, I am enclosing a check for \$150 to cover the 2002 Uniform Business Report.

As you stated in our conversation, previous correspondence was sent to me somewhere around May 1, 2002 that I never received; therefore, due to the fact that I do not want anything to revoke my corporation status, I am immediately responding by submitting the above mentioned check.

In closing, thank you for acknowledging postal discrepancy in this situation and I look forward to bringing order in reference to this matter.

Thank You,



Bridgette Sampson
Director of London Bridgette's Learning Center