

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90257 008 ***150.00

DOCUMENT # P01000121345

1. Entity Name
C AND M LEARNING CENTERS, INC.



Principal Place of Business
**4346 SOUTHWOOD DR.
MARIANNA FL 32448**

Mailing Address
**4346 SOUTHWOOD DR.
MARIANNA FL 32448**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **30-0010492**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SWEARINGEN, GLENDA F
3173 4TH ST.
MARIANNA FL 32446**

Name

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

City

FL

Zip Code

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 ☐ Delete
NAME **D BOYETTE, CLARICE**
STREET ADDRESS **4346 SOUTHWOOD DR.**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
NAME **P.O. Box 139**
STREET ADDRESS **32447**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BOYETTE, JAMES MICHAEL**
STREET ADDRESS **4346 SOUTHWOOD DR.**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
NAME **P.O. Box 139**
STREET ADDRESS **32447**
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Clarice Boyette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

850-526-2273

Date

Daytime Phone #

CR2E034 (10/02)