2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 FEB -6 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-10-2003 90216 020 ***150.00

DOCUMENT # P02000023465

1. Entity Name
ACADEMIC CENTER OF TAMPA, INC.

Principal Place of Business	Mailing Address
2901 WEST BUSCH BLVD. SUITE # 608 TAMPA FL 33621-8	2901 WEST BUSCH BLVD. SUITE # 608 TAMPA FL 33621-8

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	13018 N. DALE MABRY HWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL.
Zip / Country	Zip: 33618 / Country: USA

4. FEI Number: 04-3610402 ☐ 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
ACADEMIC CENTER OF TAMPA 8814 BEELER DR. TAMPA FL 33626	Name: ELIZABETH K. COUNTS Street Address (P.O. Box Number is Not Acceptable): 8814 BEELER DRIVE City: TAMPA FL Zip Code: 33626

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	☐ Delete	TITLE: VICE PRESIDENT NAME: ROBERT VILLANOVA STREET ADDRESS: 8814 BEELER DRIVE CITY-ST-ZIP: TAMPA, FL. 33626	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: OWNER NAME: ELIZABETH K. COUNTS STREET ADDRESS: 8814 BEELER DR. CITY-ST-ZIP: TAMPA, FL 33626	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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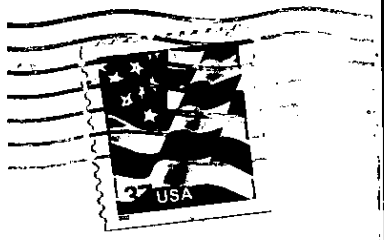
CR2E034 (10/02)

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] 1-08-03 8139628787

Academic Center of Tampa
13018 N. Dale Mabry Hwy.
Tampa, FL 33618

TAMPA, FL 335
4 PM
4 FEB
2005



DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

32314+6327