

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90233 001 ***150.00

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DOCUMENT # P02000029411



1. Entity Name
KGK LEARNING CENTERS, INC.

Principal Place of Business
1246A SUN TERR. CIR.
PORT ST. LUCIE FL 34986

Mailing Address
1246A SUN TERR. CIR.
PORT ST. LUCIE FL 34986



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0577342

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

KNOWLES, WARREN R JR.
1246A SUN TERR. CIR.
PORT ST. LUCIE FL 34986

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: **PD** Delete
NAME: **KNOWLES, KATHLEEN G**
STREET ADDRESS: **1246A SUN TERR. CIR.**
CITY-ST-ZIP: **PORT ST. LUCIE FL 34986**

TITLE: **STD** Change Addition
NAME: **Warren R. Knowles Jr.**
STREET ADDRESS: **1246A Sun Terr. Cir.**
CITY-ST-ZIP: **Port St. Lucie, FL 34986**

TITLE: **STD** Delete
NAME: **KNOWLES, KATHLEEN G**
STREET ADDRESS: **1246A SUN TERR. CIR.**
CITY-ST-ZIP: **PORT ST. LUCIE FL 34986**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Warren R. Knowles Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Warren R. Knowles Jr.** Date: **Jan 15, 2003**
Phone # **772-871-0534**

CR2E034 (10/02)