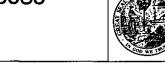
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000035089 DOCUMENT #



1. Entity Name GREAT START ACADEMY, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90600 047 ***150.00

Principal Place of Business P.O.BOX 536098 ORLANDO FL 32853				Mailing Address P.O. BOX 536098 ORLANDO FL 32853									
2. Principal Place of Business				3. Mailing Address			-			 	II B iiii Tuid i	\$0] 0	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City	& State	_	4. FEI Number Q0 -0023 %5			482	Applied For Not Applicable			_
Zip Country				المعادية المعادية	Country	প কোত	5. Certificate of Status Desired \$8.75 Additional Fee Required					ditional d	
	6. Name	and Address of	Current Registere	ed Agent			7. N	Name and Address of	of New Regi	stered Ag	ent]
DVDD DE	7-TV A				Na	ame							1
BYRD, BETTY A 1760;BRIGHT MEADOW COURT				Street			Address (P.O. Box Number is Not Acceptable)						
ORLANDO	FL 32818												
					Ci	ty				FL	Zip Cod	e	
the obligation	ons of registe	red agent.						ent, or both, in the St	ate of Florida		niliar with,	and accept	
	Signature, typed o	r printed name of regist	ered agent and title if app	licable (NOTE	E: Registered Agen	t signature require	d when rei	einstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of					,		-	9. Election Camp Trust Fund Co	-	sing		May Be I to Fees	
10.		OFFICE	RS AND DIRECTO	RS	11.		AD	DITIONS/CHANGES	TO OFFICE	RS AND D	RECTOR	S IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Byrd, Bet 1760 Brig Orlando	ht meadow (COURT	□ Delete	; TITLE NAME STREET ADD CITY-ST-ZI					[Change	☐ Addition	00/07/
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ر المحادة المريضات	STOLEN SON	☐ Delete	TITLE NAME STREET ADD CITY-SJ-ZU		and the second seco	en sement a la magazita des	~ *		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADD CITY-ST-ZI	1] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADD CITY-ST-ZI					C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ï.			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII					C	Change	☐ Addition	
TITLE					TITLE						7 Change	[] Addition	1

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP