

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90147 009 \*\*\*150.00

**DOCUMENT # P02000061692**

1. Entity Name

LITERACY FOR LIFE SKILLS DEVELOPMENT, INC. *(Signature)*



Principal Place of Business  
**544 WALNUT STREET**  
**ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**544 WALNUT STREET**  
**ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**32-0017592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BACCHUS, FENNA E**  
**544 WALNUT STREET**  
**ALTAMONTE SPRINGS FL 32714**

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)*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **P** ☐ Delete  
NAME **BACCHUS, FENNA E**  
STREET ADDRESS **544 WALNUT STREET**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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: *(Signature)*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**07/30/03 (407) 774-6542**

CR2E034 (4/03)

80135629  
PO260004692

Literacy for Life Skills Development Inc.  
544 Walnut Street  
Altamonte Springs, FL 32714-2329  
(407) 774-6542

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

July 30<sup>th</sup>, 2003

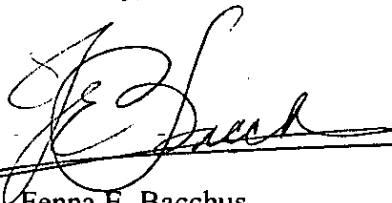
Re: Request for penalty waiver due to none receipt of the annual report notice

Dear Sir/Madam:

Please be advised that the annual report notice for Literacy for Life Skills Development Inc. was not received by our corporation. Therefore, we were unable to file the 2003 business report in a timely manner. We are kindly asking you to waive the penalty of \$400.00 due. Please find enclosed a check for \$150.00.

Thank you for your kind consideration.

Sincerely,



Fenna E. Bacchus  
President/CEO