


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90312 013 \*\*\*158.75

**DOCUMENT #** P02000081422

**1. Entity Name**  
SCOTTSDALE ACADEMY, INC.



**Principal Place of Business**  
9191 BLOUSTOWN HWY  
TALLAHASSEE FL 32310

**Mailing Address**  
9191 BLOUSTOWN HWY  
TALLAHASSEE FL 32310



**2. Principal Place of Business**  
3498 E. Mahan Dr.

**3. Mailing Address**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
Tallahassee, FL

**City & State**

**4. FEI Number**  
27-0025703

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**Zip** 32308 **Country** USA **Zip** **Country**

**6. Name and Address of Current Registered Agent**  
CHERRY, MONICA  
9191 BLOUSTOWN HWY  
TALLAHASSEE FL 32310

**7. Name and Address of New Registered Agent**  
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** Monica Cherry **DATE** 1-6-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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**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:** Monica Cherry **SIGNING OFFICER OR DIRECTOR**

**1-6-03** **(850) 656-5091**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/02)