

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90052 001 \*\*\*\*\*8.75  
02-10-2003 90052 002 \*\*\*150.00

**DOCUMENT # P02000086262**



1. Entity Name  
**MAGNOLIA ACADEMY & CHILDCARE CENTER, INC.**

Principal Place of Business  
**2337 MOUNTAIN SPRUCE STREET  
OCOE FL 34761**

Mailing Address  
**2337 MOUNTAIN SPRUCE STREET  
OCOE FL 34761**



2. Principal Place of Business  
**ORLANDO**  
Suite, Apt. #, etc.  
**4607 N. PINE HILLS ROAD**  
City & State  
**ORLANDO FL.**

3. Mailing Address  
**4607 N. PINE HILLS ROAD**  
Suite, Apt. #, etc.  
City & State  
**ORLANDO FL.**

CHECK HERE IF MAKING CHANGES

Zip  
**32808** Country  
**ORANGE**

Zip  
**32808** Country  
**ORANGE**

4. FEI Number  
**45-0483853** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**INGRAM, ALOMA T**  
**2337 MOUNTAIN SPRUCE STREET**  
**OCOE FL 34761**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INGRAM, ALOMA T</b> <b>2337 MOUNTAIN SPRUCE STREET</b> <b>OCOE FL 34761</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INGRAM, ALOMA T</b> <b>4607 N. PINEHILLS ROAD</b> <b>ORLANDO, FL 32808</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Aloma T Ingram* **NOT SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)