

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

T. Roberts MAY 03 2005

DOCUMENT # 0400052461

1. Entity Name

ABC Learning Center, Inc. of Quincy

FILED
05 APR 29 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

327 S Adams Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 26

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Quincy Florida

City & State

Quincy, FL

4. FEI Number

431962321

Applied For

Not Applicable

Zip

32351

Country

Zip

32353-0026

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Tony D Wiggins - McGriff

Street Address (P.O. Box Number is Not Acceptable)
617 S Caldwell Street

City Quincy

FL

Zip Code

32351

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Tony D Wiggins - McGriff

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

(NOTE: Registered Agent signature required when reinstating)

4/28/05

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director
NAME Vivian D M Wiggins
STREET ADDRESS 617 S Caldwell St
CITY-ST-ZIP Quincy, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800054035168
05/09/05--01008--014 **150.00

TITLE Director
NAME Tony D Wiggins - McGriff
STREET ADDRESS 617 S Caldwell St
CITY-ST-ZIP Quincy, FL 32351

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tony D Wiggins - McGriff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (850)627-2711

DATE

Daytime Phone #

CR2E034B (12/01)