2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025717 1. Entity Name BLOOMFIELD MONTESSORI, INC.				FILED Feb 01, 2000 8:00 am Secretary of State 02-01-2000 90006 049 ***150.00	
Principal Place	e of Business	Mailing Address			
6115 113TH ST N SEMINOLE FL 33772 US		6115 113TH ST N SEMINOLE FL 33772-6841 US		9 ប	1052
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· DO NOT WRITE IN TI	HIS SPACE
City & State		City & State		4. FEI Number 59-3179689	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Register	ed Agent
WALLIS, BARBARA J 6300 EVERGREEN AVE SEMINOLE FL 33772			Street Addre	ss (P.O. Box Number is Not Acceptable)	
			City	į	Zip Code
9. This corpo Tax filing re (See criter	Signature, typed or printed name of registered agent a cration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!! After MAY 1, 200 Make Check Payabl	PRESIS PROPRIES PROPR	10. Election Campaign Financing Trust Fund Contribution.	☐ Added to Fees
11.	OFFICERS AND	Delete	12.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	WALLIS, BARBARA J 6300 EVERGREEN AVE SEMINOLE FL 34642	_ 5500	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second of the second o	Change :Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-20-2000

727 397 1156

Date