

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90993 046 \*\*\*150.00

**DOCUMENT # P93000042560**

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



Principal Place of Business  
**AUGUSTINA ACADEMY**  
**1307 PINE HILL RD.**  
**ORLANDO FL 32808**  
**US**

Mailing Address  
**AUGUSTINA PEASAH**  
**1307 PINE HILLS RD.**  
**ORLANDO FL 32808**  
**US**

**11022654**



2. Principal Place of Business

3. Mailing Address

**1438 Marble Crest Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Winter Garden FL**

4. FEI Number **59-3185352**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**34787 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEASAH-OPONE, AUGUSTINA**  
**1878 ANCIENT OAK DRIVE**  
**OCOE FL 34761**

Name

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

**Changed 1438 Marble Crest Way**  
**Winter Garden, FL**

City

**FL**

Zip Code

**34787**

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

*Augustina P. Opong*

(NOTE: Registered Agent signature required when reinstating)

**4-23-03**

DATE

**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  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PEASAH-OPONE, AUGUSTINA</b>	
STREET ADDRESS	<b>1307 PINE HILLS RD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PEASAH, MALTIDA</b>	
STREET ADDRESS	<b>6610 BLANCHE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEASAH-OPONG, AUGUSTINA</b>	
STREET ADDRESS	<b>1438 Marble Crest Way</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 files empowered.

SIGNATURE:

*Augustina P. Opong*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**

Date

Daytime Phone #

CR2E034 (10/02)