

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

0176828 AV

DOCUMENT # P93000073442

1. Entity Name  
ISLAND PRESCHOOL, INC.



10

04-24-2003 90255 013 \*\*\*150.00

Principal Place of Business  
5 TRANSYLVANIA AVE  
KEY LARGO FL 33037  
US

Mailing Address  
5 TRANSYLVANIA AVE  
KEY LARGO FL 33037  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0449141

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGG, MARK H  
100360 OVERSEAS HWY.  
KEY LARGO FL 33037

Name: CRISTINA RUIZ  
Street Address (P.O. Box Number is Not Acceptable)

5 TRANSYLVANIA AVE

City KEY LARGO FL Zip Code 33037

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 Cristina Ruiz (NOTE: Registered Agent signature required when reinstating) 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 P  
NAME GREGIS, ANNETTE F  
STREET ADDRESS 422 LAGUNA AVE  
CITY-ST-ZIP KEY LARGO FL ☒ Delete

TITLE P  
NAME CRISTINA RUIZ  
STREET ADDRESS 325 CALUSA ST #226  
CITY-ST-ZIP KEY LARGO, FL. 33037 ☒ Change ☐ Addition

TITLE S  
NAME GREGIS, RONALD  
STREET ADDRESS 422 LAGUNA AVE  
CITY-ST-ZIP KEY LARGO FL ☒ Delete

TITLE S  
NAME EMILIO RUIZ  
STREET ADDRESS 325 CALUSA ST #226  
CITY-ST-ZIP KEY LARGO, FL. 33037 ☒ 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  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRISTINA RUIZ

4/14/03 305 451 1181

Date Daytime Phone #

CR2E034 (10/02)