

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90155 025 \*\*\*150.00

0498248 AV

**DOCUMENT # P95000002914**

**1. Entity Name**  
**WESTCHESTER LEARNING CENTER/SCHOOL, INC.**



**Principal Place of Business**  
**438 62ND AVE N**  
**SAINT PETERSBURG FL 33702**  
**US**

**Mailing Address**  
**P.O. BOX 8425**  
**SEMINOLE FL 33775**

**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** **59-3303400**

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**

**D'SOUZA, GERARD**  
**438 62ND AVE N**  
**SAINT PETERSBURG FL 33702**

Name **D'SOUZA GERARD**

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

**3450 83rd ST N**

City **St. Petersburg**

**FL**

Zip Code **33710**

**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** **GERARD D'SOUZA**

**4/8/03**

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

(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** ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☒ Delete  
**NAME** **D'SOUZA, GERARD**  
**STREET ADDRESS** **438 62ND AVE N**  
**CITY-ST-ZIP** **SAINT PETERSBURG FL 33702**

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **D'SOUZA GERARD**  
**STREET ADDRESS** **3450 83rd ST N**  
**CITY-ST-ZIP** **St. Petersburg, FL 33710**

**TITLE** **V** ☒ Delete  
**NAME** **D'SOUZA, SHAMA**  
**STREET ADDRESS** **438 62ND AVE N**  
**CITY-ST-ZIP** **SAINT PETERSBURG FL 33702**

**TITLE** **V** ☒ Change ☐ Addition  
**NAME** **D'SOUZA SHAMA**  
**STREET ADDRESS** **3450 83rd ST N**  
**CITY-ST-ZIP** **St. Petersburg, FL 33710**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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 like empowered.**

**SIGNATURE:**

**SHAMA D'SOUZA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/03 (727) 343-5082**  
Date Daytime Phone #

CR2E034 (10/02)