## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am DOCUMENT # P95000047660 Secretary of State 1. Entity Name 04-12-2001 90165 008 \*\*\*150.00 SMART START, A LEARNING STORE, INC. Principal Place of Business Mailing Address 2526 W BRANDON BLVD 2526 W BRANDON BLVD DUN 20 243 BRANDON FL 33511 **BRANDON FL 33511** 2. Principal Place of Business 2438 W-0 3. Mailing Address W-BRANDON BUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0586248 Not Applicable Country S Zip Country 33511 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANN, ARTHUR L Street Address (P.O. Box Number is Not Acceptable) 911 SYMPHONY BEACH LANE APOLLO BEACH FL 33572 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE-NOW!!!-FEE-IS-\$150.00- 9, This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE TITLE ARTHUR L. MANN 6043 AVOVBON MANOR BLUD. MANN, ARTHUR L NAME NAME STREET ADDRESS STREET ADDRESS 911 SYMPHONY BEACH LANE LITHIA, FL CITY-ST-7IP CITY-ST-7/F APOLLO BEACH FL 33572 Delete TITLE TITLE MANN, MICHAEL T NAME NAME STREET ADDRESS STREET ADDRESS 2560 WRENCREST CR CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME: NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MICHAEL MAN

4-5-01 8136

\_\_\_\_