

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90068 046 ***150.00

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1. Entity Name
ELIZABETH ANN DICKERHOOF, M. ED., INC.

Principal Place of Business
**5600 N FLAGLER DR
STE 901
WEST PALM BEACH FL 33407**

Mailing Address
**5600 N FLAGLER DR
STE 901
WEST PALM BEACH FL 33407**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0609233**

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

7. Name and Address of New Registered Agent

~~DICKERHOOF, ELIZABETH ANN~~
~~5600 NORTH FLAGLER DRIVE~~
~~SUITE 901~~
~~WEST PALM BEACH FL 33407~~

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DICKERHOOF, ELIZABETH ANN M ED. 5600 NORTH FLAGLER DRIVE STE 901 WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Elizabeth Ann Dickerhoof* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR **Elizabeth Ann Dickerhoof, 1-02-03, 561-842-4103** Date Daytime Phone #

CR2E034 (10/02)