

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90239 042 ***150.00

0032964 AV

DOCUMENT # **P95000078022**

1. Entity Name

~~WOOD MONTESSORI ACADEMY, INC.~~

Changed Small World Montessori Academy, Inc

Principal Place of Business
1207 GENERAL POINT TR
PALM BEACH GARDENS FL 33418

Mailing Address
1207 GENERAL POINT TR
PALM BEACH GARDENS FL 33418



2. Principal Place of Business

1370 NE Dixie Hwy

3. Mailing Address

1370 NE Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

4. FEI Number

65-0616393

Applied For

Not Applicable

Zip

34957

Country

US

Zip

34957

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, CAROL
1207 GENERAL POINT TR
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name *Carol Wood*
Street Address (P.O. Box Number is Not Acceptable) *608 Lighthouse Drive*
City *North Palm Beach* FL Zip Code *33408*

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

Carol C Wood
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/03

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	<input type="checkbox"/> Delete
NAME	WOOD, CAROL	
STREET ADDRESS	1207 GENERAL POINT TR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
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	<i>P, VP, S, T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>WOOD, Carol</i>	
STREET ADDRESS	<i>608 Lighthouse Dr</i>	
CITY-ST-ZIP	<i>North Palm Beach, FL 33408</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 561-635-9496

Date

Daytime Phone #

CRZE034 (10/02)