

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010728 AV

DOCUMENT # P96000023553

1. Entity Name

FLORIDA MEDIATION ACADEMY, INCORPORATED



**FILED**  
03 SEP -8 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

RR 1 BOX 751  
STARKE FL 32091

Mailing Address

RR 1 BOX 751  
STARKE FL 32091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

15565 NE 16th Ave

Suite, Apt. #, etc.

15565 NE 16th Ave

City & State

Starke, FL 32091

City & State

Starke, FL

Zip

32091

Country

USA

Zip

32091

Country

USA

4. FEI Number

59-3375949

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

GREEN, LEX  
RR 1 BOX 751  
STARKE FL 32091

7. Name and Address of New Registered Agent

Name  
Same

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

15565 NE 16th Ave

City Starke

FL

Zip Code  
32091

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-27-03

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GREEN, LEX  
RR 1 BOX 751  
STARKE FL 32091 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GREEN, SAUNDRA J  
P.O. BOX 1206 N/A  
STARKE FL 32091 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400022821494  
09/08/03--01023--006 \*\*158.75 ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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  
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 REQUIRED

6-27-03

904-964-5278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (10/02)

To Whom it May Concern:

This annual report went to the wrong address.

Per your offices instructions, I have including the proper address and \$158.75 filing fee.

I appreciate your waiver of associated penalties.

Thank you,

Lex Green