

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90133 033 ***150.00

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DOCUMENT # P96000073705

1. Entity Name
ABC ACADEMY OF NICEVILLE, INC.



Principal Place of Business
**1023 NORTH PARTIN DRIVE
NICEVILLE FL 32578**

Mailing Address
**1023 NORTH PARTIN DRIVE
NICEVILLE FL 32578**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3400434**

Applied For
Not Applicable

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

**JOHNSON, MELISSA
1400 LIVE OAK STREET
NICEVILLE FL 32578**

Name **Sue Enright**

Street Address (P.O. Box Number is Not acceptable)
302 17th St.

City **Niceville** FL **32578**

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 **Sue A. Enright**

Feb 14 2003

Signature, typed 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
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** ☒ Delete
NAME **JOHNSON, MELISSA**
STREET ADDRESS **1400 LIVE OAK ST**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Eileen Parnell**
STREET ADDRESS **2244 Titanium Dr.**
CITY-ST-ZIP **Crestview, FL 325**

TITLE **VP** ☐ Delete
NAME **ENRIGHT, SUE**
STREET ADDRESS **302 17 ST**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Sue Enright**
STREET ADDRESS **302 17th St**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **ST** ☒ Delete
NAME **JOHNSON, WILMA**
STREET ADDRESS **1405 PINE ST**
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE **D** ☒ Delete
NAME **JOHNSON, GREG**
STREET ADDRESS **1400 LIVE OAK ST**
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE **D** ☐ Delete
NAME **ENRIGHT, ROBERT L.**
STREET ADDRESS **302 17 ST**
CITY-ST-ZIP **NICEVILLE FL**

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

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: **Sue A. Enright**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Feb 2003

Date

678 8297

Daytime Phone #

CR2E034 (10/02)