

**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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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* (NOTE: Registered Agent signature required when reinstating)

DATE Feb 14 2003

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MELISSA	
STREET ADDRESS	1400 LIVE OAK ST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ENRIGHT, SUE	
STREET ADDRESS	302 17 ST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WILMA	
STREET ADDRESS	1405 PINE ST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GREG	
STREET ADDRESS	1400 LIVE OAK ST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENRIGHT, ROBERT L.	
STREET ADDRESS	302 17 ST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen Parnell	
STREET ADDRESS	2244 Titanium Dr.	
CITY-ST-ZIP	Crestview, FL 325	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Enright	
STREET ADDRESS	302 17th St	
CITY-ST-ZIP	Niceville, FL 32578	
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: *Sue A. Enright* SIGNING OFFICER OR DIRECTOR

Date 14 Feb 2003 Daytime Phone # 678 8297

CR2E034 (10/02)