

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED \$61.25

DOCUMENT # P 96000073105

1. Entity Name

ABC Academy
1023 N. Partin Dr
Niceville FL 32578



FILED

03 OCT 17 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1023 N. Partin Dr
Suite, Apt. #, etc.

3. Mailing Address

1023 N. Partin Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Niceville FL

City & State

Niceville FL

4. FEI Number

59.3400434

Applied For
Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sue Enright

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

302 17th St

10/17/03--01004--004 **61.25

City

Niceville

FL

Zip Code

32578

**DO NOT WRITE
IN THIS SPACE**

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

14 Oct 03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	Sue a Enright
STREET ADDRESS	302 17th
CITY-ST-ZIP	Niceville FL 32578
TITLE	Vice President - Director
NAME	Eileen J. Parnell
STREET ADDRESS	2244 Titanium D
CITY-ST-ZIP	Crestview FL 32536-6419
TITLE	Secretary
NAME	Robert L. Enright
STREET ADDRESS	302 17th
CITY-ST-ZIP	Niceville FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 Oct 03

Date

850-729-0505

Daytime Phone #

CR2E034B (12/02)