2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000012778 Feb 29, 2000 8:00 am Secretary of State 1. Entity Name NOAH'S ARK, A CHILD'S LEARNING CENTER, INC. 02-29-2000 90194 047 ***158.75 Principal Place of Business Mailing Address 14563 OKEECHOBEE ROAD 14563 OKEECHOBEE ROAD LOXAHATCHEE FL 33470-4826 LOXAHATCHEE FL 33470 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0732163 Not Applicable Country 7in Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOSLEY, JAMES R Street Address (P.O. Box Number is Not Acceptable) 2748 YARMOUTH DRIVE **WELLINGTON FL 33414** City Zip Code 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. 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 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Change Delete TITLE BOSLEY, JAMES R NAME 2748 YARMOUTH DRIVE STREET ADDRESS CITY-ST-ZIP ST-ZIP **WELLINGTON FL 33414** ☐ Addition ☐ Delete ☐ Change TITLE WOLFORD, DOYLE W 14563 OKEECHOBEE ROAD STREET ADDRESS Anneess LOXAHATCHEE FL:33470 CITY-ST-ZIP GT-ZIP-☐ Change nollibbA:[] Delete TITLE STREET ADDRESS ADDOCCO CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME

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