


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90061 041 \*\*\*150.00

**DOCUMENT #** P97000015083

1. Entity Name  
PARENTING 101, INC.



Principal Place of Business  
4630 N UNIVERSITY DR  
PMB 221  
CORAL SPRINGS FL 33067  
US

Mailing Address  
4630 N UNIVERSITY DR  
PMB 221  
CORAL SPRINGS FL 33067  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State  
Zip  
Country

City & State  
Zip  
Country

4. FEI Number 65-0737864

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GUERRERO, MERYL  
8673 NW 57TH COURT  
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent  
Name: Guerrero, Meryl  
Street Address (P.O. Box Number is Not Acceptable): 7535 NW 125 Way  
Parkland FL 33076-4228  
City: FL Zip Code

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: *Meryl Guerrero* DATE: 2/9/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P GUERRERO, MERYL 4630 N UNIVERSITY DR PMB 221 CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Meryl Guerrero* **SIGNATURE REQUIRED** DATE: 2/9/03 DAYTIME PHONE #: 954 345 6169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)