

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90088 040 ***158.75

DOCUMENT # P97000059688



1. Entity Name
CEDARVIEW LEARNING CENTERS, INC.

Principal Place of Business
**5398 SCHOOL RD
NEW PORT RICHEY FL 34652
US**

Mailing Address
**5398 SCHOOL RD
NEW PORT RICHEY FL 34652
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3454745**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WIGGINS, KELLY
9721 MARLINTON LANE
PORT RICHEY FL 34668**

Name **Kelly Miller**
Street Address (P.O. Box Number is Not Acceptable)
5398 School Rd

City **New Port Richey FL** Zip Code **34652**

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 *Kelly Wiggins/Miller*

DATE **1-15-03**

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 **PS** ☐ Delete
NAME **BRADFORD, KIMBERLY**
STREET ADDRESS **9221 CRESTON AVENUE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE **VPT** ☒ Delete
NAME **WIGGINS, KELLY**
STREET ADDRESS **9721 MARLINGTON LAND**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **VPT** ☒ Change ☐ Addition
NAME **Kelly L Miller**
STREET ADDRESS **PO Box 1581**
CITY-ST-ZIP **Elfers FL 34680**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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

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: *Kelly Wiggins/Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-15-03**

DAYTIME PHONE # **7278494151**

CR2E034 (10/02)