

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90004 021 ***550.00

DOCUMENT # P97000098289	2004
1. Entity Name AMAZING DAYS SCHOOL & STUDIO, INC.	

DO NOT WRITE IN THIS SPACE

54071244

2. Principal Place of Business 37221 CLINTON AVENUE Suite, Apt. #, etc.		3. Mailing Address 37221 CLINTON AVENUE Suite, Apt. #, etc.	
City & State DADE CITY,, FL		City & State DADE CITY, FLORIDA	
Zip 33525	Country US	Zip 33525	Country US

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name MANGARELLI, CYNTHIA L.		
	Street Address (P.O. Box Number is Not Acceptable) 36214 FLORRIE MAE LANE		
City DADE CITY		FL	Zip Code 33525

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MANGARELLI, CYNTHIA L. 36214 FLORRIE MAE LANE DADE CITY, FL. 33525	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia Mangarelli Owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-04
Date

(352) 567-2088
Daytime Phone #