

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000007243

FILED
Apr 29, 2003
Secretary of State

Entity Name: P. AND P. LEARNING CENTER, INC.

Current Principal Place of Business:

8643 GUNN HWY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

8643 GUNN HWY
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3507498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLBAUGH, SUE ANNE
10819 CAPTAIN HOOK CIRCLE, BOX 63
THONOTOSASSA, FL 33592

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLBAUGH, SUE ANNE
Address: 10819 CAPTAIN HOOK CIRCLE, BOX 63
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: ALLBAUGH, CLYDE A
Address: 10819 CAPTAIN HOOK CIRCLE, BOX 63
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUEANNE ALLBAUGH

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date