

AMMENDED

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

DOCUMENT # P98000008169

1. Entity Name

Carousel of Learning of Brevard, Inc.

FILED

2005 NOV 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2524 Palm Bay Rd.

Suite, Apt. #, etc.

3. Mailing Address

2524 Palm Bay Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, FL.

City & State

Palm Bay, FL.

4. FEI Number

593495585

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

32901

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Johna Blair

Street Address (P.O. Box Number is Not Acceptable)

2528 Palm Bay Rd.

City

Palm Bay

FL

Zip Code

32905

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D/P
NAME BLAIR, JOHNA
STREET ADDRESS 4236 Hield Rd.
CITY-ST-ZIP PALM BAY, FL. 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000082210380
12/01/06--01043--002 **\$1.25

TITLE D/V/T
NAME BLAIR, TIMOTHY D. SR.
STREET ADDRESS 4236 HIELD RD.
CITY-ST-ZIP PALM BAY, FL. 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME DAWSON, JOHN A. SR.
STREET ADDRESS 2190 LAKESIDE AV.
CITY-ST-ZIP MELBOURNE, FL. 32934

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B 11/21/06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy D. Blair TIMOTHY D. BLAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/06

Date

321-863-7127

Daytime Phone #

CR2E034B (12/01)