


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-21-2003 90079 041 ***150.00

DOCUMENT # P98000030205	
1. Entity Name TREASURE COAST MONTESSORI SCHOOL, INC.	

Principal Place of Business 941 18 ST VERO BEACH FL 32960	Mailing Address 941 18 ST VERO BEACH FL 32960
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0820483	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HUFF, BARBARA R 1925 20 AVE VERO BEACH FL 32960	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara R. Huff **1/16/03** **772-770-0312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)