

2001 UNIFORM BUSINESS REPORT (UBR)

Page 6 of 2

DOCUMENT # P98000070425

1. Entity Name
Renita's Articulate Developmental Enrichment Center, Inc

Principal Place of Business 3948 Woodville Hwy. Tallahassee, FL. 32305
Mailing Address 3948 Woodville Hwy. Tallahassee, FL. 32305

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Zip **Country** Country

FILED
01 SEP 14 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3532194 **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Renita Allen-Dixon
1001 Paul Russell Road
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

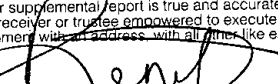
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P Renita A. Dixon STREET ADDRESS 1001 Paul Russell Road CITY-ST-ZIP Tallahassee, FL 32301	<input type="checkbox"/> Delete	TITLE NAME 100004571241-0 STREET ADDRESS -09/05/01-01085-001 CITY-ST-ZIP ****493.75 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Jenzell Dixon STREET ADDRESS 1001 Paul Russell Road CITY-ST-ZIP Tallahassee, FL 32301	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **9-12-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

PAGE 2 of 2

July 30, 2001

Dear Sir,

This is concerning my Annual Report for
Kenta' Articulate Developmental Enrichment Center,
Inc. I didn't receive the annual report.
Please that this in consideration. I'm
sending my money now.

Thank you,
Kenta