2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000084894

1. Entity Name

LEARNING PATH, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90230 042 ***150.00

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	WEST 6TH SEE FL 32609		Mailing Address 2020 NORTHWEST 61 GAINESVILLE FL 3260	TH STREET	EĘT .		The second secon			
					-				HE MAN AND LLE	
2. Principal Place of Business			3. Mailing Address			1		eelel (6/1) 2/2 6/4 (6		٠
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite		City & State			4.	FEI Number 59-3539593	- +	Applied For]
Zip Country		Country	Zip Country		ntry	5.	Certificate of Status Desired	\$8.75 A	Not Applicable Additional	H
6. Name and Address of Curren			Registered Agent		7. Name and Address of New Registered Agent					
		-			Name		Name and Address of New Registe	reo Agent		\exists
	T, BARBARA		Stroot Address			(P.O. Box Number is Not Acceptable)				4
	V. 41ST ST.	٠	- Street Addit			s (r.o. dox Number is Not Acceptable)				
STE. I							-			7
GAINESV	ILLE FL 326	506			City			Zip Co	de	+
8. The above	named entit	y submits this statement for	the purpose of changing	its registere	Led office or register	ed ad	ent, or both, in the State of Florida.		2 and assent	4
the obliga	tions of regist	territagent			o o o o o o o o o o o o o o o o o o o	oo ag	one, or both, in the state of Florida.	am tamiliar wili	т, ала ассерт	Ì
SIGNATURE				# <u> </u>						
•		or printed name of registered agent ar	nd title if applicable. (N	VOTE: Registered	Agent signature required	when re	einstating) DA	TE _	 .	. .
. F	ILE NOW!!	!! FEE IS \$150.00 03 Fee will be \$550.00					9. Election Campaign Financing			
Make Check	k Payable to	Florida Department of	State				Trust Fund Contribution.	_ +0.	00 May Be ed to Fees	
10.		OFFICERS AND D		11.		ΔΓ	DITIONS/CHANGES TO OFFICERS	AND DIDEOTO	20 111 44	1
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12. I nereby 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

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-21-03

352)375-728 Daytime Prione #