

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

DOCUMENT # **P98000095104**

1. Entity Name  
**Sago Palm Academy Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -4 AM 9:29

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3411 N. 29th Street**

Suite, Apt. #, etc.

3. Mailing Address  
**3411 N. 29th Street**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Tampa Florida**

City & State

4. FEI Number  
**59-3541457**

Applied For  
Not Applicable

Zip  
**33605**

Country

**Hillsborough**

Zip

Country

**Hillsborough**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Berlyn Allen**  
Street Address (P.O. Box Number Not Acceptable)  
**3411 N. 29th St.**

City  
**Tampa**

FL

Zip Code  
**33605**

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 **Berlyn Allen**

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.  
(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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P. Berlyn Allen</b> <b>3411 N. 29th Street</b> <b>Tampa, FL 33605</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P. Darnell Battle</b> <b>4531 W. Fern St.</b> <b>Tampa, FL 33614</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>100008776461</b> <b>11/04/02--01035--001 **61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Berlyn Allen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nov. 4th 2002 (813) 242-0918**

Date

Daytime Phone #

CR2E034B (12/01)