## Pagelos

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

P98000103518 DOCUMENT # 1. Entity Name FILED THE SHAKESPEARE SCHOOL, INC. JUN 26 AM 11: 53 Principal Place of Business Mailing Address SECRETARY OF STATE 11437 SWORDFISH DR 4131-3 UNIVERSITY BLVD S. JACKSONVILLE FL 32216 JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3542885 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASTER, ESMIN Street Address (P.O. Box Number is Not Acceptable) 11437 SWORDFISH DR. JACKSONVILLE FL 32218 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 . Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Chock Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE ☐ Delete TITLE Change Addition HIGGS, TIFFANY NAME NAME 300021464853 704 OAKS PLANTATION DR STREET ADDRESS STREET ADDRESS 07/10/03--01064--014 \*\*150,00 JACKSONVILLE FL 32211 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

a: Required ITED NAME OF SIGNING OFFICER OR DIRECTOR

(10/02)

PAREME

The Learning Christian School, Inc. 1840 Dean Road, Jacksonville, Fl. 32216 Telephone: (904) 727-9922

June 23, 2003.

Attri: Mr. Tyrone Scott

Dear MR. Scott.

Due to a sewere medical illness, and bling incapacitated for a major period of fine I was unable to meet the deadline unable to meet the deadline for our company to be ite-

I has since sesoved and suncerporate have broked \$150.00 to seincorporate for 2003. Please warme the late for this year. Your help 10 greats applicated.

Sincerely Mrs

ت د د