## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # **P98000106283** HOPE LEARNING CENTER, INC. 04-07-2001 90001 046 \*\*\*150.00 Principal Place of Business Mailing Address 3935 NORTH US-1 UNIT M 3935 NORTH US-1 UNIT M COCOA FL 32926 COCOA FL 32926 819355 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0883870 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~~ 7. Name and Address of New Registered Agent - -- 6. Name and Address of Current Registered Agent Note: CHANGE OF ADDRESS ONLY Markey & Fowler P.A. Street Address (P.O. Box Number is Not Acceptable) MARKEY & FOWLER, P.A. 410 WEST MERRITT AVENUE **MERRITT ISLAND FL 32953** 25 McLeod Street Zip Code Merritt Island, 32953 8. The above named entity submits this statement for the purpose of thanging its registered office or registered agent, or both, in the State of Florida. MARKEY AND FAWLER, (NOTE: Registered Agent signature required when reinstating) Kevin P. Markey, 9. This corporation is eligible to satisfy its Intangible FILE NOW!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Delete TITLE Addition TITLE P and D TINSLEY, OPAL L NAME NAME STREET ADDRESS STREET ADDRESS 3935 NORTH US-1 UNIT M CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32926** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - - ⊡ Delete -Change \_\_\_ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

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