

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000006525

FILED
Apr 12, 2003
Secretary of State

Entity Name: TLC LEARNING CENTER OF ANTHONY, INC.

Current Principal Place of Business:

9355 NE JACKSONVILLE RD
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

9355 NE JACKSONVILLE RD
ANTHONY, FL 32617

New Mailing Address:

FEI Number: 65-0889006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE LA TORRIENTE, VIRGINIA M
9901 NE 36 AVENUE
ANTHONY, FL 32617 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE LA TORRIENTE, VIRGINIA M
Address: 9901 NE 36 AVENUE
City-St-Zip: ANTHONY, FL 32617

Title: VP () Delete
Name: SCHMID, FREDERICK JR
Address: 9901 NE 36 AVENUE
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: SCHMID, FREDERICK JR
Address: 9901 NE 36 AVENUE
City-St-Zip: ANTHONY, FL 32617

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK W SCHMID JR

SEC

04/12/2003

Electronic Signature of Signing Officer or Director

Date