

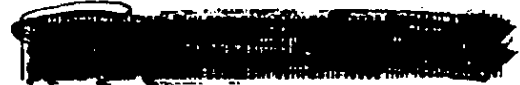
# 2000 UNIFORM BUSINESS REPORT (UBR)

6.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

06-27-2000 90005 024 \*\*\*550.00

<b>DOCUMENT # P99000007370</b>			
1. Entity Name <b>LITTLE SEAHORSE ACADEMY, INC.</b>			
Principal Place of Business <b>104960 OVERSEAS HIGHWAY KEY LARGO FL 33037</b>		Mailing Address <b>104960 OVERSEAS HIGHWAY KEY LARGO FL 33037-2942</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	ADAMS, GLORIA I		
STREET ADDRESS	104960 OVERSEAS HIGHWAY		
CITY-ST-ZIP	KEY LARGO FL 33037		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	LEON, MICHELLE		
STREET ADDRESS	104960 OVERSEAS HIGHWAY		
CITY-ST-ZIP	KEY-LARGO FL-33037		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	LEON, LESLIE		
STREET ADDRESS	104960 OVERSEAS HIGHWAY		
CITY-ST-ZIP	KEY LARGO FL 33037		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	LEON, JAIMIE		
STREET ADDRESS	104960 OVERSEAS HIGHWAY		
CITY-ST-ZIP	KEY LARGO FL 33037		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	Adams, Egan		
STREET ADDRESS	Same		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0891813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

CP2E034 (9/95)

6-19-00

(305) 451-6045

Date

Daytime Phone #