

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014801

1. Entity Name

ENCOMPASS EDUCATION, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90324 014 ***150.00

Principal Place of Business

31608 US HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

31608 US HWY 19 NORTH
PALM HARBOR FL 34684-3723

2. Principal Place of Business

2450 Sunset Point Rd

3. Mailing Address

2450 Sunset Point Rd.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

U.S.A.

Zip

33765

Country

USA

4. FEI Number

59-3564718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, DANNA D
595 VILLAGE WAY
PALM HARBOR FL 34683

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

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME WILSON, WARREN A III
STREET ADDRESS 31608 US HWY 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President * Director
NAME Danna Mullins
STREET ADDRESS 595 Village Way
CITY-ST-ZIP Palm Harbor FL 34683 ☐ Change ☒ Addition

TITLE V.P. * Director
NAME Pauline Watts
STREET ADDRESS 150 Commercial Ave.
CITY-ST-ZIP E. Palatka, FL 32131 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

42400

727-785-5531

CR2E034 (9/99)