## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## Feb 20, 2002 8:00 am P99000062112 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90157 001 \*\*\*150.00 SILVER OAK ACADEMY, INC. Principal Place of Business Mailing Address 1539 SILVER OAK LANE 1539 SILVER OAK LANE JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3586385 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 Name MIGLIARO, ADRIENNE Street Address (P.O. Box Number is Not Acceptable) 1539 SILVER OAK LANE JACKSONVILLE FL 32223 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ITLE ☐ Delete ☐ Addition MIGLIARO, ADRIENNE AME NAME 1539 SILVER OAK LANE TREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 ITY-ST-ZIP CITY-ST-ZIP ÎTLE ☐ Delete ☐ Change ■ Addition AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition AME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE ☐ Change ☐ Addition ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP įιε ☐ Delete ☐ Change Addition **IMF** REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ME REET ADDRESS STREET ADDRESS ry-st-zip CITY-ST-ZIP 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

FILED

Daytime Phone #