

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90157 001 \*\*\*150.00

DOCUMENT #		P99000062112	
1. Entity Name <b>SILVER OAK ACADEMY, INC.</b>			
Principal Place of Business <b>1539 SILVER OAK LANE JACKSONVILLE FL 32223</b>		Mailing Address <b>1539 SILVER OAK LANE JACKSONVILLE FL 32223</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>MIGLIARO, ADRIENNE 1539 SILVER OAK LANE JACKSONVILLE FL 32223</b>			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____		(NOTE: Registered Agent signature required)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>MIGLIARO, ADRIENNE</b> <b>1539 SILVER OAK LANE</b> <b>JACKSONVILLE FL 32223</b>		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

[illegible]

DO NOT WRITE IN THIS SPACE

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, 2002 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

1.	OFFICERS AND DIRECTORS
----	------------------------

TITLE	D	<input type="checkbox"/> Delete
NAME	MIGLIARO, ADRIENNE	
STREET ADDRESS	1539 SILVER OAK LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32223	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

FILE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

FILE	<input type="checkbox"/> Delete
NAME	
REET ADDRESS	
TY- ST-ZIP	

FILE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

LE		<input type="checkbox"/> Delete
ME		
REET ADDRESS		
TY-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		

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		

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #

CR2E034 (9/01)