2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000065926

1. Entity Name

JUPITER MONTESSORI ACADEMY, INC.



Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90243 017 ***150.00

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FILED

Principal Place of Business 700 \$ ORANGE AVENUE JUPITER FL 33458

Mailing Address 700 S ORANGE AVENUE JUPITER FL 33458

2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0936038	4. FEI Number 65-0936038 Applied For Not Applicable	
Zip Country Zip		Country	5. Certificate of Status Desired	ficate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New R	egistered Agent	
CLAYTON, BARRY L			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)		
1675 PALM BEACH LAKES BLVD.			Sileer A	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 700	0				1	
W. PALM BEACH FL 33401			City		FL Zip Code	
		for the purpose of changing its	registered office or	registered agent, or both, in the State of Flo	rida. I am familiar with, and accept	
the obliga	tions of registered agent.					
SIGNATURE						
SIGNATIONE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signatu	re required when reinstating)	DATE	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department			9. Election Campaign Fin. Trust Fund Contribution	+	
10. OFFICERS AND DIRECTORS			11.		CERS AND DIRECTORS IN 11	
TITLE	ID .	☐ Delete	TITLE	1.551110110701111102011011111	Change	
NAME	HOLMES, ALISA		NAME			
STREET ADDRESS	6311 MULLIN STREET		STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP			
TITLE	D	Delete	TITLE		☐ Change ☐ Addition	
NAME	HOLMES, VINCENT		NAME		ļ	
STREET ADDRESS	6311 MULLIN ST		STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP			
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NAME			NAME]	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: