DUUTURUU DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0282145 Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Trust Fund Contribution. Added to Fees CR2E034 (5/00) Change ☐ Addition Change Addition

FILED

Jul 28, 2000 8:00 am Secretary of State

07-28-2000 90150 027 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71544

1. Entity Name

THE LEARNING ADVANTAGE, INC.

Principal Place of Business

2. Principal Place of Business

DYER, DAVID W

(See criteria on back)

201 N RIVERSIDE DR INDIALANTIC FL 32903

City & State

Zip

1300 PINETREE DR. SUITE 9 INDIAN HARBOUR BEACH FL 32937 Mailing Address

1300 PINETREE DR. SUITE 9 INDIAN HARBOUR BEACH FL 32937

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

Country

City & State Zip

Country

5. Certificate of Status Desired

City

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.

FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITI F TITLE COUCH, HEATHER A NAME NAME **610 TORTOISE WAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SATELLITE BCH FL CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

THE LEARNING ADVANTAGE, INC.

HHACHMENT DHS71541 PW752V3

An Academic Tutoring Center

July 20,2000

i ... 4,

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

We are attaching this letter to the 2000 Uniform Business Report (URB) along with our check # 2676 in the amount of \$150. While we were on vacation we received a Second Notice of the (URB) stating it had to be filed with \$550. Since we never received the first report (URB) we were taken by surprise. I called your office and was told to send this letter of explanation and request that the \$400 penalty be abated. Had we received the original (URB) we would have filed it by the due date as we have filed the Annual Report for the last nine years.

Sincerely,

Heather A. Couch

President