

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-11-2003 90045041 ***150.00
S87333

03 OCT -9 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AV

DOCUMENT # **S87333**

1. Entity Name
ACADEMY OF CONTINUING EDUCATION, INCORPORATED



Principal Place of Business
**2555 NW BOCA RATON BLVD
BOCA RATON FL 33431
US**

Mailing Address
**2555 NW BOCA RATON BLVD
BOCA RATON FL 33431
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0423380**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBARA E. RACKETT
4575 TODD STREET
LAKE WORTH FL 33463**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RACKETT, BARBARA E.
4575 TODD STREET
LAKE WORTH FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PUGH, MARY ALICE
423 ANDREWS AVE.
DELRAY BEACH FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Mary Alice Pugh*

SIGNATURE REQUIRED
(*MARY ALICE PUGH*)

7/18/03

561-750-8111

Date

Daytime Phone #

CR2E034 (4/03)

New Horizon Academy

2555 N.W. Boca Raton Boulevard
Boca Raton, Florida 33431

July 9, 2003

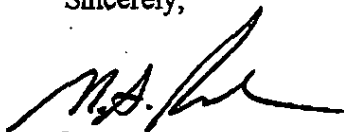
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

On July 8, 2003, Academy of Continuing Education, Inc. received its first notice for the Uniform Business Report. Upon speaking to a representative from your office, I was informed to send you a letter stating as such and to include a check for \$150.00. Please accept this for our filing for 2003.

Thank you.

Sincerely,



Mary Alice Pugh M.B.A.
Administrator