

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90335 044 ***150.00

DOCUMENT # 557634

1. Entity Name
ALL SPACE COAST DRIVER TRAINING SCHOOL, INC.

| | |
|---|---|
| Principal Place of Business 1767 S.PATRICK DR. INDIAN HARBOUR BEACH FL 32937 | Mailing Address 1767 S.PATRICK DR. INDIAN HARBOUR BEACH FL 32937 |
| 914 PINETREE DRIVE | 914 PINETREE DRIVE |

U0050057



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business State, Apt. #, etc. Indian Harbour Beach FL 32937 City & State | 3. Mailing Address State, Apt. #, etc. Indian Harbour Beach FL 32937 City & State |
|--|--|

| | |
|------------------------------------|--|
| 4. FEI Number 59-1781786 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | | | | |
|---------------------|---------------------------|---------------------|---------------------------|---|
| Zip 32937 | Country Brevard | Zip 32937 | Country Brevard | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|---------------------------|---------------------|---------------------------|---|

6. Name and Address of Current Registered Agent

**KAPUSHY, EDWARD J
 1222 SEMINOLE DR
 INDIAN HARBOR BEACH FL FL**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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.

SIGNATURE _____ DATE _____
Signature, typoo 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 Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KAPUSHY, EDWARD J 1222 SEMINOLE DR INDIAN HAR BCH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ANDRADE, MARY ELAINE 1670 MALABAR ROAD MALABAR FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PILGREEN, KATHERINE 24223 REDDEER HUFFMAN TX <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SPENCE, SUSAN 4506 MALTBY RD. BOTHELL WA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 changed, or on an attached addendum with an addendum or other like empowered.

SIGNATURE: **E. Edward J. Kapushy**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 321-773-3323

Date Daytime Phone #

CR2E034 (10/00)