

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90080 017 \*\*\*150.00

SECRET  
 AV

**DOCUMENT # 557634**  
 1. Entity Name  
**ALL SPACE COAST DRIVER TRAINING SCHOOL, INC.**

Principal Place of Business      Mailing Address  
**914 PINETREE DRIVE**      **914 PINETREE DRIVE**  
**INDIAN HARBOUR BEACH FL 32937**      **INDIAN HARBOUR BEACH FL 32937**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1781786**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**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      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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**

**11. OFFICERS AND DIRECTORS**

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

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 attachment with an address, with all other like empowered.

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

**3-6-02**      **321-773-490**  
 Date      Daytime Phone #

CR2E034 (9/01)