

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F970000002120

1. Entity Name

EDVENTURE PARTNERS, INC.

FILED

02 MAR 14 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

809 HEINZ AVE.

3. Mailing Address

809 HEINZ AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BERKELEY, CA

City & State

BERKELEY, CA

4. FEI Number

68-0255486

Applied For

Not Applicable

Zip

94710

Country

U.S.A.

Zip

94710

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS ST.

City

TALLAHASSEE

FL

Zip Code

32302

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
C/D
ANTHONY SGRO
809 HEINZ AVE.
BERKELEY, CA. 94710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAMELA HORKK
809 HEINZ AVE.
BERKELEY, CA. 94710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D
LAUREL SGRO
809 HEINZ AVE
BERKELEY, CA. 94710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAM FRANKEL
809 HEINZ AVE
BERKELEY, CA. 94710

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02 510-704-7400

CR2E034B (12/01)