

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-23-2002 90007 049 ***150.00

DOCUMENT # P00000107960

1. Entity Name
FLORIDA EDUCATIONAL TOOLS, INC.

Principal Place of Business Mailing Address
4398 RIPKEN CIRCLE EAST 4398 RIPKEN CIRCLE EAST
JACKSONVILLE FL 32224 JACKSONVILLE FL 32224



DO NOT WRITE IN THIS SPACE

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 **59-3688246** Applied For
 Not Applicable

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

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE SUITE 200
PONTE VEDRA BEACH FL 32082

Name **MYRON PINCOMB**
 Street Address (P.O. Box Number is Not Acceptable)
4398 RIPKEN CIRCLE EAST
 City **JACKSONVILLE FL 32224** Zip Code **32224**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	PINCOMB, MYRON
CITY-ST-ZIP	4398 RIPKEN CIRCLE EAST
	JACKSONVILLE FL 32224
TITLE NAME	D <input checked="" type="checkbox"/> Delete
STREET ADDRESS	LEMIRE, JOSEPH
CITY-ST-ZIP	12938 PLANTERS CREEK CIRCLE
	JACKSONVILLE FL 32224
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-02** Daytime Phone # **904-608-0493**

CR2E034 (9/01)