

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90312 011 ***158.75

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1. Entity Name
SEGMENTS OF KNOWLEDGE, INC.

Principal Place of Business
**424 N CALHOUN ST
TALLAHASSEE FL 32301-1230
US**

Mailing Address
**424 N CALHOUN ST
TALLAHASSEE FL 32301-1230
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3298849**

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

**FIGG, JR., EUGENE C PE
424 N CALHOUN ST
TALLAHASSEE FL 32301-1230**

Name

Linda Figg

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

City

Tallahassee

FL

Zip Code
32301-1230

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

Linda Figg, President

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
**PO
FIGG, EUGENE JR P E
424 N CALHOUN ST
TALLAHASSEE FL 32301-1230** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
LINDA FIGG
424 NORTH CALHOUN STREET
TALLAHASSEE, FL 32301-1230** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Linda Figg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

224-7400

CR2E034 (10/02)