

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91398 042 ***150.00

DOCUMENT # 610936

1. Entity Name
**EDUCATIONAL ADMINISTRATIVE MANAGEMENT CONSULTANT
 S, INC.**

Principal Place of Business
**454 S BEACH RD
 HOBE SOUND FL 33455
 US**

Mailing Address
**P O BOX 3947
 BOYNTON BCH FL 33424
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1885884		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MODICA, LOUIS J 454 S BEACH RD HOBE SOUND FL 33455				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MODICA, LOUIS			NAME			
STREET ADDRESS	454 S BEACH RD			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MODICA, MARION			NAME			
STREET ADDRESS	4 LAKEVIEW AIS			STREET ADDRESS			
CITY-ST-ZIP	BRIGHTWATER NY			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MODICA, LOUIS			NAME			
STREET ADDRESS	454 S BEACH RD			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 561/546/474
 Date Daytime Phone #

CR2E034 (9/01)