

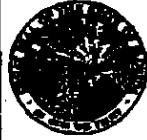
**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**  
06-27-2003 90051 042 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F01000005551**

1. Entity Name

**GOOD SCHOOLS FOR ALL, INCORPORATED**



Principal Place of Business

**7100 ARENAL LANE  
CARLSBAD CA 92008**

Mailing Address

**7100 ARENAL LANE  
CARLSBAD CA 92008**

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 **33-0804502**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$0.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROCKER, ART  
1410 SONATA COURT  
NAVARRE FL 32568**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME             | STREET ADDRESS   | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|-------|------------------|------------------|--------------------|---------------------------------|
| P     | RUFFIN, EUGENE S | 3923 BANDINI ST. | SAN DIEGO CA 92103 | <input type="checkbox"/>        |
| S     | STEEN, ELIZABETH | 2107 3RD AVE.    | SAN DIEGO CA 92101 | <input type="checkbox"/>        |
|       |                  |                  |                    | <input type="checkbox"/>        |
|       |                  |                  |                    | <input type="checkbox"/>        |
|       |                  |                  |                    | <input type="checkbox"/>        |
|       |                  |                  |                    | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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]*

6/24/03

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