

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # F98000002511

1. Entity Name

STUDENTS OF AMERICA, INC.



03 SEP 10 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

*[Handwritten signature]*

2. Principal Place of Business

1920 CORPORATE DR.

3. Mailing Address

1920 CORPORATE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip 33426

Country USA

Zip 33426

Country USA

4. FEL Number

22-3428463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LEWIS VICTOR

Street Address (P.O. Box Number or Mailing Address)

1920 CORPORATE DRIVE

City

BOYNTON BEACH

FL

33426

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

SIGNATURE

*[Handwritten signature: President]*

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

(NOTE: Registered Agent signature required when retitling)

DATE

9-2-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: PRESIDENT  
NAME: LEWIS VICTOR  
STREET ADDRESS: 1920 CORPORATE DRIVE  
CITY-STATE-ZIP: BOYNTON BEACH, FL 33426

TITLE: NAME: 300022932613  
STREET ADDRESS: 09/10/03--01070--001 \*\*550.00  
CITY-STATE-ZIP:

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

SIGNATURE

*[Handwritten signature: President]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-03

Date

Daytime Phone #

CR2E034B (12/02)