

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90075 038 \*\*\*150.00

0698949 AB

**DOCUMENT # F99000005475**

1. Entity Name  
**SCHOOL AIDS, INC.**



Principal Place of Business  
9335 INTERLINE  
BATON ROUGE LA 70809

Mailing Address  
9335 INTERLINE  
BATON ROUGE LA 70809

40001106



2. Principal Place of Business  
Suite, Apt. #, etc. *Same as above*  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc. *Same as above*  
City & State  
Zip

Country *USA*

CHECK HERE IF MAKING CHANGES

4. FEI Number **72-0874208** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (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	<b>P</b> <b>FIRNBERG, JAMES W JR.</b> <b>1450 S. CARROLLTON</b> <b>BATON ROUGE LA 70806</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NC</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FIRNBERG, WILLIAM C</b> <b>6201 ASHFORD</b> <b>ALEXANDRIA LA 71303</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NC</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FIRNBERG, JAMES W SR.</b> <b>7948-D WRENWOOD</b> <b>BATON ROUGE LA 70809</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NC</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FIRNBERG, TIMOTHY C</b> <b>2350 EAST CONTOUR</b> <b>BATON ROUGE LA 70806</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <b>1324 Ave Desire</b> <b>Baton Rouge, LA 70810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>FIRNBERG, ANCY C</b> <b>7948-D WRENWOOD</b> <b>BATON ROUGE LA 70809</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NC</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Jamey Firnberg*** **3/29/03** **225-923-0290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)