

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01795

1. Entity Name

INSTRUCTIONAL TECHNOLOGIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90979 041 ***150.00

Principal Place of Business

Mailing Address

5412 THOMAS ST
BOKEELIA FL 33922
US

5412 THOMAS ST
BOKEELIA FL 33914-5200
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3324 S.W. 8TH COURT

3. Mailing Address

3324 S.W. 8TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33914

Country

USA

Zip

33914

Country

USA

4. FEI Number

65-0014358

Applied For

Not Applicable

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

BRYLSKE, ALEXANDER F.
5412 THOMAS STREET
BOKEELIA FL 33922

Name

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

3324 S.W. 8TH COURT

City

CAPE CORAL

FL

Zip Code

33914

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.20.00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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	<input type="checkbox"/> Delete
NAME	BRYLSKE, ALEXANDER F.	
STREET ADDRESS	5412 THOMAS ST	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STREET, DEBORAH L.	
STREET ADDRESS	5412 THOMAS ST	
CITY-ST-ZIP	BOKEELIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3324 S.W. 8TH COURT	
CITY-ST-ZIP	CAPE CORAL, FLORIDA 33914	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3324 S.W. 8TH COURT	
CITY-ST-ZIP	CAPE CORAL, FLORIDA 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

DEBORAH L. STREET

Date

Daytime Phone #

4/20/00

941.945.1987

CR2E034 (9/99)