

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016288

1. Entity Name

INTERACTIVE DRUG EDUCATION, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2385 Executive Center Dr.

"Same"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33431

USA

4. FEI Number

65-1063805

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Brian Stutman / Interactive Drug Education
6611 NW 29 Ave.
Parkland, FL 33076

Name: Brian Stutman

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

2385 Executive Center Dr.

Suite 100

City

Boca Raton

FL

Zip Code

33431

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]

Brian Stutman

02-15-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Brian Stutman, MGRM
2385 Executive Center Dr., #100
Boca Raton, FL 33431

Address ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

Brian Stutman

02-15-01

866-962-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)