

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90238 044 ***150.00

DOCUMENT # M90865

1. Entity Name
MED + ED, INC.



Principal Place of Business
% DEBORAH J. BORELLI
00321 CHURCHILL TRAIL
SEMINOLE FL 33772-234
US

Mailing Address
% DEBORAH J. BORELLI
P.O. BOX 4104
SEMINOLE FL 33772-234
US

2. Principal Place of Business
11321 CHURCH HILL TRAIL

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2904778**

Applied For
Not Applicable

Zip
33772-7160

Country

Zip
33775-4104

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BORELLI, DEBORAH J.
11738 - 96TH PLACE NORTH
SEMINOLE FL 33772-2234

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 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 ☐ Delete
NAME **D**
STREET ADDRESS **BORELLI, MICHAEL A.**
CITY-ST-ZIP **11738 - 96TH PLACE NORTH**
SEMINOLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11321 CHURCH HILL TRAIL**
CITY-ST-ZIP **SEMINOLE, FL. 33772-7160**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BORELLI, DEBORAH J.**
CITY-ST-ZIP **11738 - 96TH PLACE NORTH**
SEMINOLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11321 CHURCH HILL TRAIL**
CITY-ST-ZIP **SEMINOLE, FL. 33772-7160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
Michael A. Borelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03
Date

727-391-4526
Daytime Phone #

CR2E034 (10/02)