

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001535

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: PAIDEIA INSTITUTE, INC.

Current Principal Place of Business:

3946 JEAN STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

3946 JEAN STREET
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3705253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESSER, ALEXANDER M
3946 JEAN STREET
JACKSONVILLE, FL 32205

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DERMONT, MICHAEL E
Address: 3831 MCGIRTS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: FONT, JULIAN III
Address: 1234 KING STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: LESER, ALEXANDER M
Address: 3946 JEAN STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEMONT, MICHAEL E
Address: 3831 MCGIRTS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: GUNN, MARSHALL D CPA
Address: 4345 SOUTHPOINT BLV
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD (X) Change () Addition
Name: LEESER, ALEXANDER M
Address: 3946 JEAN STREET
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER M LEESER

PD

04/22/2002

Electronic Signature of Signing Officer or Director

Date