

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90167 002 \*\*\*\*61.25

**DOCUMENT # N01000007326**

1. Entity Name  
**THE TEACHER'S GUIDE, INC.**



Principal Place of Business

**1920 CRAWFORD AVE  
MERRITT ISLAND FL 32953**

Mailing Address

**1920 CRAWFORD AVE  
MERRITT ISLAND FL 32953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3751409**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BURGMAN, LIA D  
1920 CRAWFORD AVE  
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name **Ahmes Askia**  
Street Address (P.O. Box Number is Not Acceptable) **1920 Crawford Avenue**  
**Merritt Is.**  
City **FL** Zip **32953**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>ASKIA, AHMES DR</b>         |  |
| STREET ADDRESS | <b>1920 CRAWFORD AVE</b>       |  |
| CITY-ST-ZIP    | <b>MERRITT ISLAND FL 32953</b> |  |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BURGMAN, LIA D</b>          |  |
| STREET ADDRESS | <b>1920 CRAWFORD AVE</b>       |  |
| CITY-ST-ZIP    | <b>MERRITT ISLAND FL 32953</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>MARTIN, LARRY DR</b>        |  |
| STREET ADDRESS | <b>1920 CRAWFORD AVE</b>       |  |
| CITY-ST-ZIP    | <b>MERRITT ISLAND FL 32953</b> |  |
| TITLE          | <b>BURGMAN, JOSINE</b>         | <input type="checkbox"/> Delete            |
| NAME           |                                |  |
| STREET ADDRESS | <b>1920 CRAWFORD AVE</b>       |  |
| CITY-ST-ZIP    | <b>MERRITT ISLAND FL 32953</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>CARNEGIE, AL</b>            |  |
| STREET ADDRESS | <b>1920 CRAWFORD AVE</b>       |  |
| CITY-ST-ZIP    | <b>MERRITT ISLAND FL 32953</b> |  |
| TITLE          |                                | <input type="checkbox"/> Delete            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |

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 617, 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: *Ahmes Askia* **4-29-03** **321** **452-2507**  
Signature, typed or printed name of signing officer or director

CR2E037 (10/02)