

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90147 002 ****70.00

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1. Entity Name

CHILD PROTECTION EDUCATION OF AMERICA, INC.



Principal Place of Business

791 WEST LUMSDEN ROAD
BRANDON FL 33511

Mailing Address

11314 CAYMAN KEY AVE
TAMPA FL 33624
US

2. Principal Place of Business

410 Ware Blvd.
Suite, Apt. #, etc.
#400

3. Mailing Address

410 Ware Blvd.
Suite, Apt. #, etc.
#400

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33619

Country

USA

Zip

33619

Country

USA

6. Name and Address of Current Registered Agent

DINOVA, VINCENT A
11314 CAYMAN KEY AVE
TAMPA FL 33624

4. FEI Number 01-0591203

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name D. Nova, Vincent A.
Street Address (P.O. Box Number is Not Acceptable)
410 Ware Blvd #400

City

TAMPA

FL

Zip Code

33619

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

Vincent A. D. Nova

Vincent A. D. Nova

1/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD-VD	<input type="checkbox"/> Delete
NAME	DINOVA, VINCE	
STREET ADDRESS	791 WEST LUMSDEN ROAD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUGAN, CHERIE	
STREET ADDRESS	11109 STAFFORD LANE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DONALD M	
STREET ADDRESS	11314 CAYMAN KEY AVENUE	
CITY-ST-ZIP	TAMPA FL 33624	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bailey, Christopher	
STREET ADDRESS	5088 Thornebrook Cove	
CITY-ST-ZIP	Arlington, TN 38002	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Belcher	
STREET ADDRESS	3602 54th ST W #D3	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Derrick Harmon	
STREET ADDRESS	3751 Hobecac Cir	
CITY-ST-ZIP	LAS Vegas, NV 89121	
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		

CR2E037 (10/02)

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:

Vincent A. D. Nova

1/13/03

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