

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

DOCUMENT # **N020000009569**  
1. Entity Name  
**Einstein International Inc.**

FILED

03 JAN 29 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2030 HAROLD COURT</b> Suite, Apt. #, etc. <b>Tallahassee FL 32304</b> City & State <b>Leon</b> Zip		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.  City & State  Zip		Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	<b>Isaac Wojcik</b>		
Street Address (P.O. Box Number is Not Acceptable)	<b>2030 HAROLD CT</b>		
City	<b>Tallahassee</b>	FL	32304

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE	<b>President (Director)</b>
NAME	<b>Isaac James Wojcik</b>
STREET ADDRESS	<b>2030 HAROLD CT</b>
CITY-ST-ZIP	<b>Tallahassee FL 32304</b>
TITLE	<b>Secretary (Director)</b>
NAME	<b>Brett Jones</b>
STREET ADDRESS	<b>2030 HAROLD CT</b>
CITY-ST-ZIP	<b>Tallahassee FL 32304</b>
TITLE	<b>Assistant President (Director)</b>
NAME	<b>Ryan Rafferty</b>
STREET ADDRESS	<b>2030 HAROLD COURT</b>
CITY-ST-ZIP	<b>Tallahassee FL 32304</b>
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Isaac Wojcik**

Daytime Phone #

CR2F037B (12/01)