FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 06, 2001 8:00 am § Secretary of State **DOCUMENT # N48093** 1. Entity Name ACADEMY OF ENTREPRENEURSHIP, INC. 02-06-2001 90233 049 ****61.25 Principal Place of Business Mailing Address 1800 HWY, U.S.1 1800 HWY, U.S. 1 VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3117743 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS MARYLYD Street Address (P.O. Box Number is Not Acceptable) PREST, JOHN DRIVE analdoom 906 HOLOMA DRIVE VERO BEACH FL 32963 Zip Code 13 CAOD 32962 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 MARYLY of and title if applicable FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change FARRAR, TILNEY NAME NAME 1515 ORCHID DR STREET ADDRESS STREET ADDRESS CITY-ST-2IP VERO BCH. FL 32960 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FILEY, RANDY NAME NAME STREET ADDRESS 1717 INDIAN RIVER BLVD STREET ADDRESS Lives BIVA CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP F1. 32960 TITLE Delete TITLE Change Addition ROGERS, MARILYN NAME NAME STREET ADDRESS 64 WOODLAND DRIVE #102 STREET ADDRESS CITY-ST-ZIP VERO BCH. FL CITY-ST-ZIP ☐ Delete TITLE Change WAINWRIGHT, ANDY NAME 30 N. WW78 325 GREYTWIG ROAD STREET ADDRESS STREET ADDRESS WAIND RIVER Shoes. 82963 CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-7IP TITI F **Z** Delete TITLE Change ☐ Addition JOHNSON, WILLIAM NAME NAME STREET ADDRESS **5797 MAGNOLIA LANE** STREET ADDRESS CITY-ST-ZIP VERO BCH. FL 32960 CITY-ST-ZIP TITLE Delete TITLE □ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a state of the corporation of the receiver or trustee empowered.