

**2002 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90132 050 \*\*\*\*61.25

**DOCUMENT # N48093**

1. Entity Name

**ACADEMY OF ENTREPRENEURSHIP, INC.**

Principal Place of Business

Mailing Address

1800 HWY. U.S.1  
 VERO BEACH FL 32960

1800 HWY. U.S. 1  
 VERO BEACH FL 32960  
 US

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

**59-3117743**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~D~~ ~~ROGERS, MARYLYN~~  
~~65 WOODLAND DRIVE, #102~~  
~~VERO BEACH FL 32962~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Delete  
 NAME: **C FARRAR, TILNEY**  
 STREET ADDRESS: **1515 ORCHID DR**  
 CITY-ST-ZIP: **VERO BCH. FL 32960**

TITLE:  Change  Addition  
 NAME: **SD FARRAR, Tilney**  
 STREET ADDRESS: **1515 orchid dr**  
 CITY-ST-ZIP: **VERO Bch. Fl. 32960**

TITLE:  Delete  
 NAME: **T FILEY, RANDY**  
 STREET ADDRESS: **1717 INDIAN RIVER BLVD**  
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE:  Change  Addition  
 NAME: **T Filey, RANDY**  
 STREET ADDRESS: **1450 U.S. HWY. 1**  
 CITY-ST-ZIP: **VERO Bch, Fl. 32960**

TITLE:  Delete  
 NAME: ~~T RILEY, RANDY~~  
 STREET ADDRESS: ~~1717 INDIAN RIVER BLVD~~  
 CITY-ST-ZIP: ~~VERO BEACH FL 32960~~

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **D WAINWRIGHT, ANDY**  
 STREET ADDRESS: **325 GREYTWIG ROAD**  
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE:  Change  Addition  
 NAME: **CA WAINWRIGHT ANDY**  
 STREET ADDRESS: **130 N. White Jewel Ct.**  
 CITY-ST-ZIP: **INDIAN RIVER SHORES FL 32963**

TITLE:  Delete  
 NAME: **D LINDSEY, GARY**  
 STREET ADDRESS: **1015 48 TERRACE**  
 CITY-ST-ZIP: **VERO BEACH FL 32968**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **D WAIN WRIGHT, ANDY**  
 STREET ADDRESS: **130 N. WHITE JEWEL CT.**  
 CITY-ST-ZIP: **INDIAN RIVER SHORES FL 32963**

TITLE:  Change  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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-11-02*

Date

*(772) 770-2665*

Daytime Phone #

CR2E037 (9/01)