

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-27-2003 90250 036 ****61.25

1/2

DOCUMENT # N48093

1. Entity Name
ACADEMY OF ENTREPRENEURSHIP, INC.



Principal Place of Business
**1800 HWY. U.S.1
VERO BEACH FL 32960**

Mailing Address
**1800 HWY. U.S. 1
VERO BEACH FL 32960
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ROGERS, MARYLYN
65 WOODLAND DRIVE, #102
VERO BEACH FL 32962**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SD | FARRAR, TILNEY | <input type="checkbox"/> Delete |
| NAME | 1515 ORCHID DR | |
| STREET ADDRESS | VERO BCH. FL 32960 | |
| CITY-ST-ZIP | | |
| TITLE TD | FILEY, RANDY | <input checked="" type="checkbox"/> Delete |
| NAME | 1450 U.S. HWY 1 | |
| STREET ADDRESS | VERO BEACH FL 32960 | |
| CITY-ST-ZIP | | |
| TITLE CD | WAINWRIGHT, ANDY | <input checked="" type="checkbox"/> Delete |
| NAME | 130 N. WHITE JEWEL CT. | |
| STREET ADDRESS | VERO BEACH FL 32963 | |
| CITY-ST-ZIP | | |
| TITLE D | LINDSEY, GARY | <input checked="" type="checkbox"/> Delete |
| NAME | 1015 48 TERRACE | |
| STREET ADDRESS | VERO BEACH FL 32968 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" 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 CD | CHAIRMAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHN MAY | |
| STREET ADDRESS | 4125 N. CYPRESS GREEN LANE | |
| CITY-ST-ZIP | VERO BEACH, FL. 32967 | |
| TITLE VD | VICE CHAIRMAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BUDDY DAWSON | |
| STREET ADDRESS | 1622 91st Ct. | |
| CITY-ST-ZIP | VERO BEACH, FL. 32966 | |
| 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: NEOSLATURE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-23-03 Daytime Phone #: (772) 470-2665

CR2E037 (10/02)