

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90133 027 \*\*\*\*61.25

**DOCUMENT # N95000005277**

1. Entity Name  
**FOUNDATION FOR COMPUTER EDUCATION, INC.**

Principal Place of Business 14120 OLD DIXIE HIGHWAY HUDSON FL 34667 US	Mailing Address 14120 OLD DIXIE HIGHWAY HUDSON FL 34667 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number <b>59-3347453</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MITCHELL, THOMAS W JR.**  
**533 MAIN STREET**  
**NEW PORT RICHEY FL 34652**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ 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 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>FISCHER, FRANK S</b>	
STREET ADDRESS	<b>9400 LAKE CHRISTINA LANE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>BARRETT, SCOTT</b>	
STREET ADDRESS	<b>1064 FLORIAN WAY</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34609</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>MOTTOLA, FRANK</b>	
STREET ADDRESS	<b>6424 JUNIPER ROAD</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 727-869-8471  
Date Daytime Phone

CR2E037 (9/01)