

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90640 017 ****61.25

DOCUMENT # **NP3000005331**
1. Entity Name **Professional Educators Network of Florida, INC.**

Principal Place of Business **3020 Hartley Rd., Ste 125 Jacksonville, FL 32257**
Mailing Address **3020 Hartley Rd. # 125 Jacksonville, FL 32257**

10069634

2. Principal Place of Business **3020 Hartley Rd #125**
Suite, Apt. #, etc. **125**

3. Mailing Address **3020 Hartley Rd**
Suite, Apt. #, etc. **#125**

DO NOT WRITE IN THIS SPACE

City & State **JACKSONVILLE FL**
Zip **32257** Country **US**

City & State **JACKSONVILLE FL**
Zip **32257** Country **US**

4. FEI Number **59-3346288**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Robert J. Boyd
c/o Boyd Law Firm P.A.
106 E College Ave # 900
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
40 AKERMAN CENTERFITT, 301 S. BRONOUGH ST. #200
City **Tallahassee** FL Zip Code **32301**

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐ Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Stanley Marshall 5000 BRILL POINT Tallahassee, FL 32312	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Danien 5530 NE SECOND LANE ORLANDO, FL 32810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Laura Holcombe 3020 Hartley Rd. #125 JACKSONVILLE, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Cathy Demoissey 8389 Argyle Corners Ct. JACKSONVILLE, FL 32244	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Robert J. Boyd 301 BRONOUGH ST. #200 Tallahassee, FL 32301	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3384 JOHN ANDERSON DR. DIAMOND, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3514 LIMERICK DR. Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8899 IVYMILL PL N JACKSONVILLE, FL 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **Cathy Demoissey** **4-27-01** **904-260-9337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)