

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006195

1. Entity Name

EDUCATIONAL EXTRA, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90046 047 ****61.25

Principal Place of Business

Mailing Address

1355 W PALMETTO PARK ROAD
SUITE 122
BOCA RATON FL 33486-3303

1355 W PALMETTO PARK ROAD
SUITE 122
BOCA RATON FL 33486-3303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0673108

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DESSLER, MAXINE

~~7757 LA MIRADA DRIVE~~
~~BOCA RATON FL 33433~~

2753 Begonia Court
Delray Beach, FL 33445

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 PD
NAME STILLMAN, TERRI
STREET ADDRESS 5850 CAMINO DEL SOL #307
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME ADAMS, RONNIE
STREET ADDRESS 1053 SW 25TH PL
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME DESSLER, MAXINE
STREET ADDRESS ~~7757 LA MIRADA DR~~
CITY-ST-ZIP ~~BOCA RATON FL 33433~~ ☐ Delete

TITLE
NAME Maxine Dessler
STREET ADDRESS 2753 Begonia Ct.
CITY-ST-ZIP Delray Beach, FL 33445 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maxine Dessler
1/20/00

367-0668

CR2E037 (3/99)