

DOCUMENT # P000000 44070

LEARNING INFORMATION

1. Entity Name

NAME

STREET ADDRESS

CITY+ST-ZIP

FILED

03 OCT -7 AM 9:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### DO NOT WRITE IN THIS SPACE

TECHNOLOGIES, INC.

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					lorida Ave		300023620413 10/07/0301057007 **150.00			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State DELAND, FL			City & State DeLAND FL			<b>4.</b> FI	El Number Applied For Sq - 3465749 Not Applicable			
3272	0	Country USA	32720	Country	śΑ		ertificate of Status Desired Securificate of Status Desired Fee Required			
<del></del>			-		lame 🔿	7. Nar	me and Address of Current Registered Agent			
DO NOT WRITE IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable)					
					City MAITIAND FL 3505					
								the purpose of changing its re	egistered (	office or regis
the obligati	ions of regist	lered agent.								
SIGNATURE .	Cionatus tunad	or printed name of registered agent a	nd title if applicable (NOTE:	Registered Ag	ent signature requ	ired when rei	nstating) DATE			
	nuary 1 - Ma	ay 1 Fee is \$150.00	ind are a applicable.	A CONTRACTOR AND	an agrator rosp					
3		1, Fee is \$550.00 I UBR is \$61.25					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
	Payable to	Florida Department of								
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CITY-ST-ZIP		en, co 80	<u> </u>	CITY-ST-	-ZP					
TITLE NAME	DPS	ILLA, JOSEPH	PETER	TITLE						
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TITLE	1			TITLE		-				

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE POBLE	J. PETER REGALLA	9.30	0.03 386822
SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone # 9893

# FOR PROFIT CORPORATION Uniform Business Report (UBR) Instructions

## PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.

### Reminder:

- 1. Information must be typed or printed in ink and legible.
- 2. Signature in Block 12.
- 3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Florida Department of State.)
  This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.
- Block 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" was previously reported to this office, you must now provide the FEI numbers. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only 1 certificate can be issued at the time of the uniform business report filing.
- Block 6. DO NOT MAKE ANY MARKS IN BLOCK 6.
- Block 7. The law requires that each entity have a Registered Agent with a Florida street address. A P.O. Box or mail service is not acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of record is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. NOTE: Registered agent signature required when reinstating on this form
- Block 9. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet, If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filling fee.
- Block 10. Enter the current Officers/Directors in Block 10. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.
- Block 11. PLEASE DO NOT MAKE ANY MARKS IN BLOCK 11.
- Block 12. This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10 or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail to:
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Other Correspondence Address: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Internet Address: www.sunbiz.org

Courier Address: (overnight delivery) Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Phone: (850) 488-9000 Hearing/Voice impaired may call (850) 245-6096 (TDD)

#### INFORMATION REGARDING RETURNED CHECK



Learning Information Technologies, Inc.

316 Florida Avenue Deland, FL 32724 tel 386.822.9893 fax 386.822.9894

October 1, 2003

Division of Corporations State of Florida

Gentlemen:

Enclosed is a completed Uniform Business Report for the calendar year 2003 for Learning Information Technologies, Inc. (FEI No. 59 3665749)

This is to inform you that we have no record of receiving State of Florida notification that this information was due - as we customarily do about the first of each year. We have checked with our registered agent, John V. Baum of Maitland, Florida, and he has no record of having received the annual renewal forms either.

We believe that our office procedures are such that we would not have overlooked the receipt of a renewal notice from the state.

We are enclosing a completed Uniform Business Report for the current year, along with the normal filing fee. We respectfully request that you waive any reinstatement fees or penalties, since we indeed do believe that we did not receive mail notification in a timely fashion.

Thank you for your consideration in this matter.

Sincerely,

J. Peter Begalla

President - Learning Information Technologies, Inc.