

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044325

1. Entity Name
EDUCATORS R US, INC.



FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90049 008 ***150.00

Principal Place of Business
4933 EBENSBURG DRIVE
TAMPA FL 33647

Mailing Address
4933 EBENSBURG DRIVE
TAMPA FL 33647



2. Principal Place of Business
13962 W. HILLSBOROUGH AVE.
Suite, Apt. #, etc.

3. Mailing Address
4933 EBENSBURG DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL 33647
Zip 33635
Country USA

City & State
Tampa FL
Zip 33647
Country USA

4. FEI Number 59-3649260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, SCOTT F
200 S. HOOVER BLVD., BLDG. 201
SUITE 140
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TOPRANI, SMITA R	
STREET ADDRESS	4933 EBENSBURG DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOPRANI, RAJESH T	
STREET ADDRESS	4933 EBENSBURG DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:

SMITA R TOPRANI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-03

CR2E034 (10/02)