

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068221

1. Entity Name

PRACADEMIA, INC.

Principal Place of Business

1490 WALDRON STREET. SE  
PALM BAY FL 32909

Mailing Address

1490 WALDRON STREET. SE  
PALM BAY FL 32909

FILED

01 SEP 26 PM 6:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
979 CROTON ROAD

3. Mailing Address  
979 CROTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MELBOURNE, FL

City & State  
MELBOURNE, FL

4. FEI Number  
59-3659773

Applied For  
Not Applicable

Zip Country  
32935 USA

Zip Country  
32935 USA

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

ROCCAFORTE, ADRIANE L  
979 CROTON ROAD  
MELBOURNE FL 32935

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME ROCCAFORTE, ADRIANE L  
STREET ADDRESS 979 CROTON ROAD  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☒ Addition  
NAME P, S, T, D, E... JONES  
STREET ADDRESS MARSHALL A. JONES  
CITY-ST-ZIP 1605 MONTEREY DRIVE, #102  
PALM BAY, FL 32905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, without other like information.

SIGNATURE:

ADRIANE L. ROCCAFORTE, DIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)