

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000068221

FILED  
May 01, 2003  
Secretary of State

Entity Name: PRACADEMIA, INC.

## Current Principal Place of Business:

979 CROTON ROAD  
MELBOURNE, FL 32935

## New Principal Place of Business:

## Current Mailing Address:

979 CROTON ROAD  
MELBOURNE, FL 32935

## New Mailing Address:

FEI Number: 59-3659773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROCCAFORTE, ADRIANE L  
979 CROTON ROAD  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROCCAFORTE, ADRIANE L  
Address: 979 CROTON ROAD  
City-St-Zip: MELBOURNE, FL 32935

Title: PSTD ( ) Delete  
Name: JONES, MARSHALL A  
Address: 1605 MONTEREY DRIVE, #102  
City-St-Zip: PALM BAY, FL 32905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL JONES

P

05/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date