

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090838

1. Entity Name

SPEED READING INTERNATIONAL, INC.

FILED
Jun 28, 2001 8:00 am
Secretary of State

06-28-2001 90001 016 ***550.00

Principal Place of Business

3333 W. ATLANTIC BLVD.
 UNIT 35
 POMPANO BEACH FL 33069

Mailing Address

3333 W. ATLANTIC BLVD.
 UNIT 35
 POMPANO BEACH FL 33069

2. Principal Place of Business

20283 STATE RD 7
 Suite, Apt. #, etc.
 400, C/O GRANT KAPLAN

3. Mailing Address

20283 STATE ROAD 7
 Suite, Apt. #, etc.
 400 C/O GRANT KAPLAN

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

Country

33498

Zip

Country

33498



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1054176

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132

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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STEWART, BRUCE W
 CITY-ST-ZIP ~~3333 W. ATLANTIC BLVD.~~
~~POMPANO BEACH FL 33069~~ } CHANGE OF ADDRESS ONLY

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STEWART, DIANNE
 CITY-ST-ZIP ~~3333 W. ATLANTIC BLVD.~~
~~POMPANO BEACH FL 33069~~ } CHANGE OF ADDRESS ONLY

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 20283 STATE ROAD 7, SUITE 400
 CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 20283 STATE ROAD 7, SUITE 400
 CITY-ST-ZIP BOCA RATON, FL 33498

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

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-01 (561) 482-9318

Date

Daytime Phone #

CR2E034 (10/00)