## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P00000107960 **DOCUMENT #**

1. Entity Name

FLORIDA EDUCATIONAL TOOLS INC.



**FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90092 001 \*\*\*150.00

### Country   Zip   Country   5. Certificate of Status Desired   \$3.75 Additional   For Requirement Agent   7. Name and Address of New Registered Agent   Name   Na	. 2311107	CEDOCATIONAL TOOLS, III	NO.						
Suite, Apt. 4, etc.    City & State	4398 RIPKEN	I CIRCLE EAST	4398 RIPKEN CIRCLE EAST						
Suite, Apt. 4, etc.    City & State						<b>     </b>		)	
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City & State  City & State  City & State  City & State  Country  Zip  Country  S. Cerdinate of Status Desired  SR.75 Anothona  For Required  For Required  For Required  Address of New Registered Agent  Name  Name  City  FL  Zip Code  R. This 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 accentate the chigations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee with the \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  Change Addit  MAKE  SIRET ADDRESS  CITY-ST-2P  III.  Delete	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			CI CHECK HERE IS MAKING	OLIANOSC	,	
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8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations of registered agent.  SIGNATURE    Signature   Signat				City		FI.	Zip Coc	le	
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		ertify that the information supplied with	this filling does not neglify to	<b>1</b> 1					

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR