

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000113227**1. Entity Name
INSTRUCTION UNLIMITED INC.

Principal Place of Business

1060 NW 74 WAY

PLANTATION
33313

FL

Mailing Address

1060 NW 74 WAY

PLANTATION
33313

FL

2. Principal Place of Business

P.O. BOX 452171

3. Mailing Address

P.O. BOX 452171

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE

FL

City & State

SUNRISE

FL

Zip
33345

Country

Zip
33345

Country

4. FEI Number

65-1058855

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESTON JOHN L
1060 NW 74 WAYPLANTATION
33313

FL

7. Name and Address of New Registered Agent

Name

PRESTON JOHN L

Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 452171City
SUNRISE

FL

Zip Code
33345

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)

02/18/2001

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 D ☐ Delete
NAME DEMING ROBERT
STREET ADDRESS PO BOX 452171
CITY-ST-ZIP SUNRISE FL 33345TITLE D ☐ Delete
NAME PRESTON JOHN
STREET ADDRESS PO BOX 452171
CITY-ST-ZIP SUNRISE FL 33345TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME PRESTON JOHN L
STREET ADDRESS PO BOX 452171
CITY-ST-ZIP SUNRISE FL 33345TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: John Preston

D

02/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)