

# 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 FL 33313	Mailing Address 1060 NW 74 WAY  PLANTATION FL 33313
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2. Principal Place of Business P.O. BOX 452171  Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 452171  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SUNRISE FL	City & State SUNRISE FL	4. FEI Number <b>65-1058855</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33345	Country	Zip 33345	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PRESTON JOHN L  
 1060 NW 74 WAY  
  
 PLANTATION FL 33313

**7. Name and Address of New Registered Agent**

Name  
 PRESTON JOHN L  
 Street Address (P.O. Box Number is Not Acceptable)  
 P.O. BOX 452171  
  
 City  
 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 \_\_\_\_\_ DATE **02/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D DEMING ROBERT PO BOX 452171 SUNRISE FL 33345 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESTON JOHN PO BOX 452171 SUNRISE FL 33345 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESTON JOHN L PO BOX 452171 SUNRISE FL 33345 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)