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

**DOCUMENT#** 

P00000115681

1. Entity Name
TB ACADEMY, INC.

**SIGNATURE:** 

Principal Place of Rusiness Mailing Address



## FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 91009 005 \*\*\*150.00

210 KNICKERI CRESSKILL N	BOCKER ROAD	210 KNICKERBOCKER ROAD CRESSKILL NJ 07626					1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	<b>11</b> 88 (1811)	## <b>##</b> ################################	
· _ '	Place of Business  Th Avenue	3. Mailing Address 75 NE 6th Avenue								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				▼ CHECK HERE IF MAKING CHANGES				
Suite 1  City & State		Suite 103  City & State								
Delray Beach, FL		Delray Beach,		<del></del>		4. (-	65-1062711		<b></b>	ot Applicable
33483	Country USA	Zip 33483		Country USA		<b>5</b> . C	Certificate of Status Desired		\$8.75 Add Fee Require	
	legistered Agent		N			7. Name and Address of New Registered Agent				
411 NE 7 SUITE 110	02			Name  Street Address (P.O. Box Number is Not Acceptable) 75 NE 6th Avenue  Suite 103						
DELRAY E	BEACH FL 33483		City					FL	Zip Cod	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Final Trust Fund Contribution.	ncing		00 May Be
10.	OFFICERS AND E	DIRECTORS	11.			ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, NORMAN S 210 KNICKERBOCKER ROAD CRESSKILL NJ 07626	NICKÉRBOCKER ROAD		ITTLE VAME STREET ADDRESS 75 1 DELI		E 6	oth Avenue #103 Beach, FL 33483		X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEISMAN, AARON 5845 N.W. 23RD TERRACE BOCA RATON FL 33496	5 N.W. 23RD TERRACE		TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		_	☐ Change	Addition
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indicated of the corr	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, w	true and accurate and that my vered to execute this report a	y signat	ture shall have	e the sar	ne le	egal effect as if made under oat	h; that I a	am an officer	or director

4/28/03

Date

561-278-9292

Daytime Phone #