

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021613

1. Entity Name  
BRB CODE EDUCATORS, INC.

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90685 029 \*\*\*550.00

95584



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2432 ORCHARD DR APOPKA FL 32712		Mailing Address 2432 ORCHARD DR APOPKA FL 32712	
2. Principal Place of Business 7872 Autumnwood Dr Suite, Apt. #, etc. Orlando, FL		3. Mailing Address P.O. Box 953192 Suite, Apt. #, etc. Lake Mary, FL	
City & State Orlando, FL		City & State Lake Mary, FL	
Zip 32825 Country USA		Zip 32795-3192 Country USA	

6. Name and Address of Current Registered Agent BRADY, DENNIS K 2432 ORCHARD DR APOPKA FL 32712		7. Name and Address of New Registered Agent Name Joseph D. Belcher Street Address (P.O. Box Number is Not Acceptable) 7872 Autumnwood Dr City Orlando, FL Zip Code 32825	
--	--	---	--

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 Joseph D. Belcher DATE 6/24/2002

(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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, LORRAINE A PMB 300, 13799 79 AVE N SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELCHER, JOSEPH D PMB 316, 425 S CHICKASAW TR ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, DENNIS K 2432 ORCHARD DR APOPKA FL 32712 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Joseph D. Belcher 5/1/02 407-282-6684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)