

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90218 041 ***150.00

DOCUMENT # P01000042181

1. Entity Name
EDUCATIONAL DEVELOPMENT CORPORATION

Principal Place of Business
 2700 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33311

Mailing Address
 2700 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2700 W. Oakland Park Blvd

3. Mailing Address
 P.O. Box 3122 WPB FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL Laud. FL

FL

Zip
 33311

Country
 Forward

Zip
 33480

Country
 Palm Beach

4. FEI Number
 65-1099446

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RADOMSKI, PHILIP
 8379 WHITE EGRET WAY
 LAKE WORTH FL 33467

Philip Radomski
 Street Address (P.O. Box Number is Not Acceptable)
 630 S. Sapidilla Ave #415
 West Palm Beach, FL
 City West Palm Beach FL Zip Code 33480

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RADOMSKI, PHILIP**
STREET ADDRESS **8379 WHITE EGRET WAY**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition
NAME **PRES. WAYNE W.P. Radomski**
STREET ADDRESS **630 S. Sapidilla Ave Suite 415**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ Delete
NAME **RADOMSKI, WAYNE W.P.**
STREET ADDRESS **8379 WHITE EGRET WAY**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition
NAME **V.P. Philip Radomski**
STREET ADDRESS **630 S. Sapidilla Ave Suite 415**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☒ Delete
NAME **CRAWFORD, ELLA M**
STREET ADDRESS **8379 WHITE EGRET WAY**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ 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: *Wayne W.P. Radomski* **Pres.** **4/23/02** **954 733-7088**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **561 832-5848**