FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010000 81333 1. Entity Name ALL IN ONE TRAFFIC SCHOOLITH

FILED May 05, 2003 8:00 am Secretary of State

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| C | O NOT WRITE | IN THIS S | PACE | | | |
|---|--|-------------------------------------|---|--|-----------------------------------|--|
| 2. Principal Place of Business 17780 THELMA AVE Suite, Apt. #, etc. | | Suite, Apt. #, etc. | DIANTOWN (4) | DO NOT WRITE IN THIS SPACE | | |
| City & State | | STE 56 3 City & State JUPITER | # 310 | 4. FEI Number | Applied For Wot Applicable | |
| Zip | Country | Zip | Country | Certificate of Status Desired | \$8.75 Additional Fee Required | |
| <u> </u> | <u> </u> | 33458 | J. 84 8 4 | 7. Name and Address of Current Registe | red Agent | |
| | DO NOT W IN THIS SE | | | WENDOLYN MONTGO S(P.O. BOX Number is Not Acceptable) 780 THELMA AV | E | |
| | | | Table | | L 33428 | |
| 8. The above in the obligation | named entity submits this statement fo ons of registered agent. | r the purpose of changing it | s registered office or regis | tered agent, or both, in the State of Florida. I a | m familiar with, and accept | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Registered Agent signature requ | ried when reinstating) DAT | E | |
| | uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of | State | | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND | | 5 4 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 | | Q | |
| TITLE NAME STARET ADDRESS CITY-ST-ZIP | EWEHOOLYH MON 6071 W. 7401AN- 576. 56 # 378 JUPITERI FL | 7 Gomeat 10 UN EDT 33458 | MAME STREET ADDRESS CITY-ST-ZIP | | CR2E034B (12/02) | |
| THILE . NAME STREET ADDRESS CITY-ST-ZIP | 1005A+ MENTES 6671 W. IHO1447 516 56 # 318 | meated town teo | MAME STREET ADORESS CITY ST. ZIP | | 88 | |
| TITLE NAME _STREET ADDRESS C/TY-ST-ZIP | JUPITEL FL | | TIFILE NAME STREET ADDRESS: (224) | DO NOT WE | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | MAME STREET ADDRESS COTY-ST-ZE | IN THIS SPA | ACE | |
| THILE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CUTY-ST- ZIP | | | |
| TITLE NAME STREET ADDRESS | | | MINE STREET ADDRESS COY ST-ZIP | | | |
| CITY-ST-ZIP | certify that the information supplied wit | h this filing does not qualify | the regional and the second second | Section 119 07(3Vi) Florida Statutes, Lfurthe | r certify that the information | |

I never by centry that the information supplied with this being does not quality for the exemption stated in Section 1.19 or (3)(1), northal stations statutes. Further centry that it is now quality for the exemption is reported and that my signature shall have the same legal effect as if made under eath; 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 10 or on an attackment with an address, with all other like empowered.

| attachtivent war an address, with an other line emperieses. | | |
|---|--------------------------|-----------------|
| SIGNATURE: Supply Mortgoman GWE | 4002774 1.10-110-01-16-7 | 56 /- 741- 80 4 |