

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90146 018 ***150.00

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DOCUMENT # P01000106173

1. Entity Name
KMSEDUC, INC.



Principal Place of Business
**2900 GATEWAY DRIVE
POMPAÑO BEACH FL 33069**

Mailing Address
**2900 GATEWAY DRIVE
POMPAÑO BEACH FL 33069**



2. Principal Place of Business

3. Mailing Address

550 FAIRWAY DR.

550 FAIRWAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

107

City & State

City & State

DEERFIELD BEACH, FL

DEERFIELD BEACH, FL

Zip

Country

Zip

Country

33441

USA

33441

USA

4. FEI Number

45-0475809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMUELS, LEONARD K
BERGER SINGERMANN, P.A.
350 E LAS OLAS BLVD, SUITE 1000
FORT LAUDERDALE FL 33301**

Name

PAMELA GELET

Street Address (P.O. Box Number is Not Acceptable)

550 FAIRWAY DR.

107

City

DEERFIELD BEACH

FL

Zip Code

33441

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

PAMELA GELET

4-24-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GELET, PAMELA**
STREET ADDRESS **2900 GATEWAY DRIVE**
CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

TITLE ☒ Change ☐ Addition
NAME **550 FAIRWAY DR. #107**
STREET ADDRESS **DEERFIELD BEACH, FL**
CITY-ST-ZIP **33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA GELET

Date

Daytime Phone #

954 429-1712

4-24-03

CR2E034 (10/02)