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

## DOCUMENT # P0200039417

1. Entity Name

MAVA BOOKS AND EDUCATION COMPANY



## FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90108 049 \*\*\*150.00

			OO WE TH		
Principal Place of Business 4980 TAMIAMI TRAIL NORTH, STE 104 NAPLES FL 34103		Mailing Address 4990 TAMIAMI TRAIL NORTH. STE 104 NAPLES FL 34103			
2. Principal Place of Business		1221 Gulf Shore Blvd. N			
Suite, Apt. #, etc.		Suite Apt #, etc. Suite 902		☐ CHECK HERE IF MAKING CHANGES	
City & State		Naples, Florida		4. FEI Number 01-068506	Applied For Not Applicable
Zip	Country	Zip 34 102 Coun		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEISS, MARLA S 1221 GULF SHORE BLVD, #902			Name Street Address (P.O. Box Number is Not Acceptable)		
NAPLES FL 34					·····
		: -	City		Zip Code
	ed entity submits this statement for registered agent.	of the purpose of changing its registere	ed office or register	ed agent, or both, in the State of Florida. !	am familiar with, and accept
SIGNATURE	ture, typed or printed name of registered agent	t and title if applicable. (NOTE: Registered	1 Agent signature required	I when reinstating) DA	<u></u>

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS ADDITION

\$5.00 May Be Added to Fees

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delete TITLE X Change . - Addition WEISS. MARLA S NAME NAME 1221 GULF SHORE BLVD. NORTH #902 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: WOLDS WELSON MARIAES. WELSON OFFICER OR DIRECTOR

JAN.7,2003 239-261-687

Daytime Phone #

CR2E034 (10/02)