

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90219 028 \*\*\*150.00

**DOCUMENT # P02000107834**

1. Entity Name  
**EDUCATIONAL DATA RESOURCES, INC.**



Principal Place of Business  
**30 S SPRING ST  
PENSACOLA FL 32501**

Mailing Address  
**30 S SPRING ST  
PENSACOLA FL 32501**



2. Principal Place of Business  
**3016 Dade Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**3016 Dade Avenue**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL 32804**  
Zip Country  
**32804 USA**

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**Orlando, FL 32804**  
Zip Country  
**32804 USA**

4. FEI Number  
**58-2582319**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT A  
30 S SPRING ST  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **CT-Corporation**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**  
City **Plantation** FL Zip Code **33324**

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 **James A. Bordonaro**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Assistant Secretary**

DATE

**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

TITLE **President** ☐ Delete  
NAME **Joan Keebler**  
STREET ADDRESS **5820 Fairfax Road South**  
CITY-ST-ZIP **Mobile, AL 36608**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

**Joan Keebler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/03**

**407.897.3623**

Date

Daytime Phone #

CR2E034 (10/02)