

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90458 001 \*\*\*\*\*8.75  
04-10-2003 90458 002 \*\*\*150.00

0009328 AT

**DOCUMENT # P02000127743**

1. Entity Name

**DYSLEXIA INSTITUTES OF AMERICA, INC.**



Principal Place of Business

**5734 EAGLEMOUNT CIRCLE  
LITHIA FL 33547**

Mailing Address

**5734 EAGLEMOUNT CIRCLE  
LITHIA FL 33547**

2. Principal Place of Business

**1463 OAKFIELD DRIVE**

Suite, Apt. #, etc.

**138**

3. Mailing Address

**1463 OAKFIELD DRIVE**

Suite, Apt. #, etc.

**SUITE 138**

City & State

**Brandon, FL.**

City & State

**Brandon, FL.**

Zip

**33511**

Country

**USA**

Zip

**33511**

Country

**USA**

4. FEI Number

**43-1985959**

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

**BEERS, WILLIAM E**

**5734 EAGLEMOUNT CIRCLE**

**LITHIA FL 33547**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**William E. BEERS**

*William E. Beers*

**3-31-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **BEERS, WILLIAM E**  
CITY-ST-ZIP **5734 EAGLEMOUNT CIRCLE  
LITHIA FL 33547**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TURNER, LAURIE A**  
CITY-ST-ZIP **9268 LAKE CHASE ISLAND WAY  
TAMPA FL 33626**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 **D**  
STREET ADDRESS **TURNER, LAURIE A.**  
CITY-ST-ZIP **1203 High HAMMOCK DR, APT 201  
BRANDON - FL - 33619**

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

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

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

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:

*William E. Beers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-03 813-689-2087**

Date

Daytime Phone #

CR2E034 (10/02)