

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10536

1. Entity Name

LEARNING TECHNOLOGIES LTD. INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91129 036 ***150.00

Principal Place of Business
ABBOTT BLDG., 2ND FL., P.O. BOX 933
ROAD TOWN, TORTOLA, BRITISH
VIRGIN ISLAND

Mailing Address
ABBOTT BLDG., 2ND FL., P.O. BOX 933
ROAD TOWN, TORTOLA, BRITISH
VIRGIN ISLAND

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2621441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTEN, MICHAEL R.
1540 THE GREENS WAY
JACKSONVILLE BEACH FL 32250

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMATHERS, BRUCE A. 4051 TIMUQUANA RD JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, HASKELL W 4302 EVERGREEN LANE, STE 101 ANNANDALE VA | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLMES, PETER 9855 REGENCY SQUARE BLVD., APT. 111 JACKSONVILLE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, ROBERT A. JR. 229 PEACHTREE ST., STE. 2700 ATLANTA GA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDERS, CARL E. 600 PEACHTREE ST., STE. 5200 ATLANTA GA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DE DVS BATTEN, MICHAEL R 3615 OCEAN DRIVE SOUTH JACKSONVILLE BEACH FL | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HERBERT W. SCHEIDEL 821 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FLORIDA 32082 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHELDON KOHEN 4748 SOUTH OCEAN BLVD. APT. #206 HIGHLAND BEACH, FLORIDA 33487 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MICHAEL J. WALTERS 1723 MORO STREET JACKSONVILLE, FLORIDA 32207 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

(904) 273-0720
Daytime Phone #

CR2E034 (10/00)