

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90059 033 ***150.00

0623212

DOCUMENT # P94000000670

1. Entity Name
INVOLVE ME I WILL LEARN, INC.

Principal Place of Business

% 7015 BERACASA WAY
 SUITE 201-P.HOWLEY
 BOCA RATON FL 33433
 US

Mailing Address

% 7015 BERACASA WAY
 STE #201
 BOCA RATON FL 33433
 US

B0027217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1753 POINSETTIA DR
 Suite, Apt. #, etc.

3. Mailing Address

1753 POINSETTIA DR
 Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33305

Country

USA

Zip

33305

Country

USA

4. FEL Number **65-0469256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWLEY, PETER
 7015 BERACASA WAY
 STE #201
 BOCA RATON FL 33433

Ann W. Rousseau
 1753 POINSETTIA DR
 THIS IS CORRECT

7. Name and Address of New Registered Agent

Name **Ann W. Rousseau** (sorry had a senior moment)
 Street Address (P.O. Box Number is Not Acceptable) **1753 POINSETTIA DR**
 City **FT. LAUDERDALE** FL Zip Code **33305**

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

Ann W. Rousseau, Pres. 4/5/01
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROUSSEAU, ANN	
STREET ADDRESS	1753 POINSETTIA DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	LOVERN, R. ANN	<input type="checkbox"/> Delete
NAME	1753 POINSETTIA DR	
STREET ADDRESS	FT. LAUDERDALE FL 33305	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Ann W. Rousseau, Pres. 4/5/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)