

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-17-2002 90044 016 ***150.00

DOCUMENT # **P94000000670** ✓

1. Entity Name

INVOLVE ME, I WILL LEARN, INC.

DO NOT WRITE IN THIS SPACE

93212

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

Zip

33305

Country
USA

City & State

FT LAUDERDALE FL

Zip

33305

Country
USA

4. FEI Number

65-0469256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANN W ROUSSEAU

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

4/21/02

DATE

(6-9-02)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P ANN W. ROUSSEAU
1753 POINSETTIA DR
FT LAUDERDALE FL 33305**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T ANN LOVERN
1753 POINSETTIA DR
FT LAUDERDALE FL 33305**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Ann W. Rousseau **ANN W. ROUSSEAU**

4/21/02

8774085437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)