

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91402 023 \*\*\*158.75

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**DOCUMENT # P94000008982**

1. Entity Name  
**READ AMERICA INC.**



Principal Place of Business  
**407 WHOOPING LOOP  
SUITE 1663  
ALTAMONTE SPRINGS FL 32701  
US**

Mailing Address  
**PO BOX 1246  
MOUNT DORA FL 32757**



2. Principal Place of Business  
**385 CENTERPOINTE CIRCLE**

3. Mailing Address  
**PO BOX 1246**

Suite, Apt. #, etc.  
**1305**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**ALTAMONTE SPRINGS FL**

City & State  
**MT. DORA FL**

4. FEI Number  
**59-3225231**

Applied For  
☐ Not Applicable

Zip  
**32701**

Country  
**USA**

Zip  
**32756**

Country  
**USA**

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

**MC GUINNESS, GEOFFREY  
30838 RIDGE CREST TERR  
SORRENTO FL 32776**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
NAME **MC GINNIS, GEOFFREY**  
STREET ADDRESS **30838 RIDGECREST TERR**  
CITY-ST-ZIP **SORRENTO FL 32776**

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

TITLE **D** ☐ Delete  
NAME **MC GINNIS, BRIAN**  
STREET ADDRESS **43 WEST COMMON**  
CITY-ST-ZIP **HARPENDEN, HERTS, ENGLAND AL52-JW**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03**

Date

**407-332-9144**

Daytime Phone #

CR2E034 (10/02)