

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000032827**1. Entity Name  
SCHOOL STUFF, INC.

## Principal Place of Business

8595 COLLEGE PARKWAY

FORT MYERS  
33919

FL

## Mailing Address

8595 COLLEGE PARKWAY

FORT MYERS  
33919

FL

## 2. Principal Place of Business

4429 CLEVELAND AVE.

Suite, Apt. #, etc.  
UNIT F

## 3. Mailing Address

4429 CLEVELAND AVE.

Suite, Apt. #, etc.  
UNIT F

## City &amp; State

FORT MYERS

FL

## City &amp; State

FORT MYERS

FL

## Zip

33901

## Country

## Zip

33901

## Country

## 4. FEI Number

65-0488227

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LATORRE MICHELLE  
8595 COLLEGE PARKWAYFORT MYERS  
33919

FL

## 7. Name and Address of New Registered Agent

## Name

LATORRE MICHELLE

Street Address (P.O. Box Number is Not Acceptable)  
4429 CLEVELAND AVE.

## UNIT F

City  
FORT MYERS

FL

Zip Code  
33901

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)

04/30/2001

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	VT	<input type="checkbox"/> Delete
NAME	LATORRE CHARLIE	
STREET ADDRESS	8595 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	PS	<input type="checkbox"/> Delete
NAME	LATORRE MICHELLE	
STREET ADDRESS	8595 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33901	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATORRE CHARLIE	
STREET ADDRESS	4429-F CLEVELAND AVE.	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATORRE MICHELLE	
STREET ADDRESS	4429-F CLEVELAND AVE.	
CITY-ST-ZIP	FORT MYERS FL 33901	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:** Charlie Latorre

VT

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)