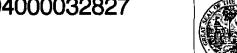
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

SCHOOL STUFF, INC.

P94000032827





FILED May 05, 2003 8:00 am g Secretary of State

05-05-2003 90280 009 ***150.00

Principal Place of Business 4429 CLEVELAND AVE. UNIT F FORT MYERS FL 33901 2. Principal Place of Business		4429 UNIT	Mailing Address 4429 CLEVELAND AVE. UNIT F FORT MYERS FL 33901 3. Mailing Address									
		3. Ma						1				
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City	City & State		4. F	4. FEI Number 65-0488227			pplied For lot Applicable	-		
Zip		Country	Zip Coun			try	5. (Certificate of Status Desired		75 Additional Required		
	6. Name	and Address of Curren	t Register	Registered Agent			7. 1	Name and Address of New Re	gistered /	Agent		1
LATORRE, MICHELLE 4429 CLEVELAND AVE.					Name Street Address (P.O. Box Number is Not Acceptable)							
UNIT F										*		1
FORT MYERS FL 33901				City				FL Z			ip Code	
	named entity ions of regist		or the purp	pose of changing its	registere	ed office or req	gistered ag	ent, or both, in the State of Flori	da. I am	familiar with	, and accept	1
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE	: Registere	d Agent signature re	aquired when re	sinstating)	DATE		<u></u> -	
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00						Election Campaign Final Trust Fund Contribution.	ncing		00 May Be	1
Make Check	c Payable to	Florida Department o	of State					Trobe Faria Contribution.			0.01000	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	Ĭ.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MICHELLE EVELAND AVE. RS FL 33901		☐ Delete						☐ Change	☐ Addition	CR2F034 (10/02)
TITLE NAME	VT LATORRE, 4429-F CLI		<u></u>	☐ Delete	TITLE NAMI STRE	:			<u> </u>	☐ Change	Addition	CB2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE MIE	HONE COOK		☐ Delete	TITLE NAMI STRE					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		l.				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	☐ Delete						Change	Addition] .

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:

ent) REC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR