

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040790

1. Entity Name

TEXTBOOKS PLUS, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90011 021 ***150.00

Principal Place of Business

Mailing Address

3590 NORTH U.S. HIGHWAY 17-92
SUITE 105
LAKE MARY FL 32746

P.O. BOX 1601
MAITLAND FL 32751
US

2. Principal Place of Business

101 WYMOKE ROAD

3. Mailing Address

PO BOX 300075

Suite, Apt. #, etc.

SUITE 151

Suite, Apt. #, etc.

City & State

ALAMONTE SPRINGS, FL

City & State

FERN PARK, FL

Zip

32714

Country

SEMINOLE

Zip

32730

Country

SEMINOLE

4. FEI Number

59-3252701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERNI, MICHAEL A
2222 WINNEBAGO TRAIL
FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name

SAME

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

212 GRAHAM ROAD

City

FERN PARK

FL

Zip Code

32732

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)

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, 2000 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 P ☐ Delete
NAME CERNI, BARBARA B.
STREET ADDRESS 2222 WINNEBAGO TRAIL
CITY-ST-ZIP FERN PARK FL

TITLE VTS ☐ Delete
NAME CERNI, MICHAEL A.
STREET ADDRESS 2222 WINNEBAGO TRAIL
CITY-ST-ZIP FERN PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 212 GRAHAM RD.
CITY-ST-ZIP FERN PARK, FL 32730

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 212 GRAHAM RD.
CITY-ST-ZIP FERN PARK, FL 32730

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 407 831 4700