

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045170

1. Entity Name

EDUCATIONAL MARKETING LTD., INC.

Principal Place of Business

1149 HILLSBORO MILE. 603N
HILLSBORO BEACH FL 33062

Mailing Address

1149 HILLSBORO MILE. 603N
HILLSBORO BEACH FL 33062-1722

Edward Bobick, P.A.
Attorney At Law

4014 N.W. 58th Street
Boca Raton, FL 33496

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FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90054 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0550341 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOBICK, EDWARD
1149 HILLSBORO MILE, 603N
HILLSBORO BEACH FL 33062

7. Name and Address of New Registered Agent

Edward Bobick, P.A.
Attorney At Law
4014 N.W. 58th Street
Boca Raton, FL 33496

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	D	<input type="checkbox"/> Delete
NAME	BOBICK, EDWARD	
STREET ADDRESS	1149 HILLSBORO MILE, 603N	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Edward Bobick, P.A.</i>	
STREET ADDRESS	Attorney At Law	
CITY-ST-ZIP	4014 N.W. 58th Street	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Edward Bobick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 561-891-8833
Date Daytime Phone #

CR2E034 (9/99)