

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097720

1. Entity Name

GULF-ATLANTIC EDUCATIONAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

19055 SE CORAL REEF LN.
JUPITER FL 33458
US

P O BOX 7667
JUPITER FL 33468
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0633651

Applied For

Not Applicable

5. Certificate of Status Desired ☒ A

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALLORY, EARL
1907 COMMERCE LN.
SUITE 104
JUPITER FL 33456

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME BARNES, JACQUELYN L
STREET ADDRESS 211 SHOREWOOD WAY
CITY-ST-ZIP JUPITER FL ☐ Delete

TITLE PTS
NAME Farley, Jacquelyn L. Barnes
STREET ADDRESS 19055 SE Coral Reef Lane
CITY-ST-ZIP Jupiter, FL 33458 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Jacquelyn L. Barnes Pres. 3/30/01 561-575-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

561-575-0004

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90117 024 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)