

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018289

1. Entity Name

EDUCATIONAL PROJECTS OF AMERICA, INC.

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

04-21-2000 90054 017 ***150.00

Principal Place of Business

Edward Bobick, P.A.

Attorney At Law

1149 HILLSBORO MILE 603N
HILLSBORO BEACH FL 33062

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

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Edward Bobick, P.A.

Attorney At Law

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

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, 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

12. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOBICK, EDWARD**
CITY-ST-ZIP **1149 HILLSBORO MILE 603N**
HILLSBORO BEACH FL 33062

TITLE ☐ Delete
NAME *Edward Bobick, P.A.* ☐ Change ☐ Addition
STREET ADDRESS **Attorney At Law**
CITY-ST-ZIP **4014 N.W. 58th Street**
Boca Raton, FL 33496 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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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 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

561 981 8833

Daytime Phone #

CR 1034 19/99