

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90016 038 ***155.00

DOCUMENT # P97000044595

1. Entity Name

BOB'S LANGUAGE INSTITUTE INC.

Principal Place of Business

Mailing Address

5850 LAKEHURST DR
 250-4
 ORLANDO FL 32819
 US

2167 S KIRKMAN RD
 APT 205
 ORLANDO FL 32811-2589
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5850 Lakehurst Dr

3. Mailing Address

5850 Lakehurst Dr

Suite, Apt. #, etc.

225

Suite, Apt. #, etc.

225

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3447777

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARALDI, FERRUCCIO R
2167 S KIRKMAN RD
APT 205
ORLANDO FL 32811

7. Name and Address of New Registered Agent

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

Ferruccio R. Araldi
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/22/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 Delete
 NAME **PT ARALDI, FERRUCCIO R.**
 STREET ADDRESS **2167 S KIRKMAN RD #205**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Delete
 NAME
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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 officers empowered.

SIGNATURE:

Ferruccio R. Araldi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/00
 Date

407-248-2210
 Daytime Phone #