

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90208 021 ***150.00

DOCUMENT # P97000044595

1. Entity Name

BOB'S LANGUAGE INSTITUTE INC.

Principal Place of Business

5850 LAKEHURST DR
 #225
 ORLANDO FL 32819
 US

Mailing Address

5850 LAKEHURST DR
 #225
 ORLANDO FL 32819
 US

2. Principal Place of Business

5850 Lakehurst Dr

Suite, Apt. #, etc.

260

Orlando, FL

Zip

32819

Country
 US

3. Mailing Address

5850 Lakehurst Dr

Suite, Apt. #, etc.

260

Orlando, FL

Zip

32819

Country
 US



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

Name **ARALDI, FERRUCCIO R.**

Street Address (P.O. Box Number is Not Acceptable)
4609 CASON COVE DR APT. 521

City **ORLANDO**

FL

Zip **32811**

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

TITLE **PT** ☒ Change ☐ Addition
 NAME **ARALDI, FERRUCCIO R.**
 STREET ADDRESS **4609 CASON COVE DR. #521**
 CITY-ST-ZIP **ORLANDO, FL. 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 #

CR2E034 (10/00)