

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90287 032 ***150.00

DOCUMENT # P98000013784

1. Entity Name
EDUCATION INNOVATIONS CORP.

Principal Place of Business

Mailing Address

**3747 GRANTHAM CT.
PALM HARBOR FL 34684**

**3747 GRANTHAM CT.
PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

5905 Falconside Rd.

5905 Falconside Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lithia, FL

City & State

Lithia, FL

Zip

33547

Country

Hillsborough

Zip

33547

Country

Hillsborough

6. Name and Address of Current Registered Agent

4. FEI Number **59-3508309**

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

**MCLEOD, DEANDRA
3747 GRANTHAM CT.
PALM HARBOR FL 34684**

Name
McLeod, Deandra
Street Address (P.O. Box Number is Not Acceptable)
5905 Falconside Rd.

City **Lithia** FL Zip Code **33547**

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	MCLEOD, DEANDRA	
STREET ADDRESS	3747 GRANTHAM CT.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCLEOD, SCOTT	
STREET ADDRESS	3747 GRANTHAM CT.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEAN, DONALD	
STREET ADDRESS	10007 GIFFORD DR	
CITY-ST-ZIP	SPRINGHILL FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, Deandra	
STREET ADDRESS	5905 Falconside Rd.	
CITY-ST-ZIP	Lithia, FL 33547	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, Scott	
STREET ADDRESS	5905 Falconside Rd.	
CITY-ST-ZIP	Lithia, FL 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Scott McLeod Scott+McLeod-VP 2/28/01 813-571-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)