## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P98000039149 DOCUMENT #

1. Entity Name

INFORMATION INSTITUTE, INC.



**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91204 035 \*\*\*150.00

Coral Springs   Section			
2. Principal Place of Business 3. Mailing Address Salide, Apt. #, etc.    Clip & State   Coral   Spring   Salide   Coral   Spring   Salide   Coral   Spring   Salide   Coral   Spring   Salide   Salid	NI 1861) BBIN BBIN BBIN BBIN BBIN HANAR INNA KANAN INAN BIBN IBIN HARI		
10984 NW 21 Street			
Surio. Apt. #. etc.   Check Here IF MarkING CHANGES   Cory & State			
City & State Coral Springs Coral Springs Coral Springs Country Broward  37071  Broward  37071  Broward  5. Certificate of Status Desired  6. Name and Address of New Bell Address  6. Name and Address of New Bell Address  6. Name and Address of N			
Coral Springs   Section			
SPTINGS	-0833038 Applied For		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered  7. Name and Address of New Registered  8. Description of registered Agent  8. Description of registered Agent  9.	I Not Applicable		
MICE PRESIDENT 2875 H.W. T23RD AVENUE  CORAL SPRINGS FL 33065  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. I am Iamilia with, are the obligations of registered agent.  **Coral Springs**  **Coral Springs**  **FL 79,3047*  **The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. I am Iamilia with, are the obligations of registered agent.  **Chacles**  **Coral Springs**  **Chacles**  **Coral Springs**  **Chacles**  **Coral Springs**  **FL 79,3049*  **Total Springs**  **Coral Springs**  **Coral Springs**  **PL 79,3049*  **Table Note: Interest of Provides Interest of Provides Interest of Provides Interest of Provides Interest of Interest Int	us Desired		
Signat Application of registered agent, or both, in the State of Florida. Lam familiar with, are the obligations of registered agent.   Signature			
Signat Application of registered agent, or both, in the State of Florida. Lam familiar with, are the obligations of registered agent.   Signature	( Vice President )		
CORAL SPRINGS FL 33065    Coral Springs   FL   73/5049;	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, are the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUBMATURE  SUB	SC Scieec		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, ar the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, types of prefide name of registered agent and time if applicable.  CHARLUS J. Colesswi.  Who TE Registered Agent algorature required when renstating)  P. Election Campaign Financing Trust Fund Contribution.  Added to  Added to  NAME  TITLE  P. COLESANTI, ROSEANN  SIREET ADDRESS  CITY-ST-ZIP  TITLE  V.P.  CORAL SPGS FL 33065  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CORAL SPGS FL 33065  CITY-ST-ZIP  CORAL SPGS FL 33065  CITY-ST-ZIP  CHARLES  STREET ADDRESS  CITY-ST-ZIP  CORAL SPGS FL 33065  CITY-ST-ZIP  CHARLES  STREET ADDRESS  CITY-ST-ZIP  CHARLES  STREET ADDRES	Zio Cade		
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12. 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 it trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address with all the throughout the chapter 607.

SIGNATURE: Charles NATCOLES THE COURTED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-253-1706

Daytime Phone #