

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P98000039149**

1. Entity Name  
**INFORMATION INSTITUTE, INC.**



Principal Place of Business  
**2675 N.W. 123RD AVENUE  
CORAL SPRINGS FL 33065**

Mailing Address  
**2675 N.W. 123RD AVENUE  
CORAL SPRINGS FL 33065**



2. Principal Place of Business  
**10984 NW 21 Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**10984 NW 21 Street**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Coral Springs**

City & State  
**Coral Springs**

4. FEI Number **65-0833038**

Applied For  
☐ Not Applicable

Zip **33071** Country **Broward**

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

**6. Name and Address of Current Registered Agent**

**VICE PRESIDENT**  
**2675 N.W. 123RD AVENUE**  
**CORAL SPRINGS FL 33065**

**7. Name and Address of New Registered Agent**

Name **Charles Colesanti ( Vice President )**  
Street Address (P.O. Box Number is Not Acceptable)  
**10984 Northwest 21st Street**  
City **Coral Springs** FL Zip Code **33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles J. Colesanti* **CHARLES J. COLESANTI** **4-17-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COLESANTI, ROSEANN</b> <b>2675 N.W. 123 AVE.</b> <b>CORAL SPGS FL 33065</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>COLESANTIC, CHARLES</b> <b>2675 N.W. 123 AVE</b> <b>CORAL SPGS FL 33065</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Roseann Colesanti</b> <b>10984 Northwest 21 Street</b> <b>Coral Springs, Florida 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Charles J. Colesanti</b> <b>10984 Northwest 21 Street</b> <b>Coral Springs, Florida 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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 attachment with an address with all other like empowered.

SIGNATURE: *Charles J. Colesanti* **SIGNATURE COLESANTI (COVERED)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-03** **954-253-1706**  
Date Daytime Phone #

CR2E034 (10/02)