

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90038 045 ***150.00

DOCUMENT # 798000071913

1. Entity Name

EDUcomp CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

531 MAIN STREET

Suite, Apt. #, etc.

SUITE J

City & State

SAFELY HARBOR, FL

Zip

34695

Country

USA

3. Mailing Address

P.O. BOX 180

Suite, Apt. #, etc.

City & State

SAFELY HARBOR, FL

Zip

34695

Country

USA

4. FEI Number

59-3527609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ACCOUNTING & TAX HELP, INC

Street Address (P.O. Box Number is Not Acceptable)

8668 PARK BLVD

SUITE A

City

SEMINOLE

FL

Zip Code

33777

**DO NOT WRITE
IN THIS SPACE**

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 date 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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD
NAME MASCITELLI, JOHN S
STREET ADDRESS 531 MAIN STREET S/E J
CITY-ST-ZIP SAFELY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MASCITELLI, MARGARET L
STREET ADDRESS 531 MAIN STREET S/E J
CITY-ST-ZIP SAFELY HARBOR, FL 34695

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: John S Mascitelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S MASCITELLI

3.13.02

Date

127-123-8408

Daytime Phone #

CR2E034B (12/01)