

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032968

1. Entity Name

EDUCATIONAL THERAPY FOR ALL PEOPLE, INC.

f

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90103 009 ***150.00

Principal Place of Business

445 BOUCHELLE DRIVE
SUITE 205
NEW SMYRNA BEACH FL 32169

Mailing Address

445 BOUCHELLE DRIVE
SUITE 205
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-357-9356

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

~~HALL, MARK B ESQ.
124 FAULKNER STREET
NEW SMYRNA BEACH FL 32169~~

Name

DONALD KRUCK

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

445 Bouchelle DR.

Suite 205

City

New Smyrna Beach FL

Zip Code

32169-5433

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

DONALD KRUCK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS KRUCK, DONALD
CITY-ST-ZIP 445 BOUCHELLE DRIVE, SUITE 205
NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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.

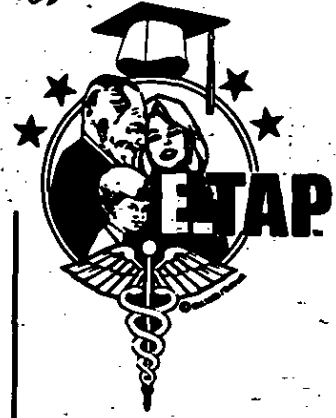
SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 904
235-4875
Daytime Phone #

CR2E034 (5/00)

Attachment
DIF 20911032468
DW 7/5/92



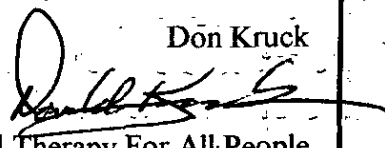
July 17, 2000
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms Harris,

Educational Therapy For All People, INC. recently received a Second Notice for the 2000 UBR. I don't recall receiving the first notice. Also the filing fee of \$550.00 needs clarification. Is this fee because of the second notice? I recall \$150.00. As a new small business, I try to stay current with State obligations, however oversights happen and as soon as I discover I try to remedy. Your compassion in helping me stay legal would be appreciated. I will enclose a check for \$150.00. If this is in error, please inform me of the correct amount.

Trying to do the right thing,

Don Kruck


Educational Therapy For All People
PO Box 0463
New Smyrna Beach, FL
32170-0463

**Educational
Therapy
for
All People**

*Information and virtual travel with
professional supervision.*

445 Bouchelle Drive #205
New Smyrna Beach, Florida
32169

www.educationaltherapy.com