

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032968

1. Entity Name  
EDUCATIONAL THERAPY FOR ALL PEOPLE, INC.

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  
Suite, Apt. #, etc.  
City & State  
Zip      Country      Zip      Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      Zip Code

FILED  
May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90193 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3574356	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

KRUCK, DONALD  
445 BOUCHELLE DR  
STE-205  
NEW SMYRNA BEACH FL 32569-3433

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City      Zip Code

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 title 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)     

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUCK, DONALD 445 BOUCHELLE DRIVE, SUITE 205 NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)