

# 2000 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

**DOCUMENT #** P99000065343

**1. Entity Name**  
Internet Education

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 12 AM 10:59

**Principal Place of Business**      **Mailing Address**

**2. Principal Place of Business**      **3. Mailing Address**  
3713 Glebe meadow way  
Suite, Apt. #, etc.

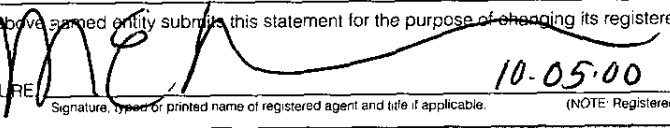
**City & State**      **City & State**  
Edgewater, MD  
**Zip**      **Country**      **Zip**      **Country**  
21037      USA

**4. FEI Number**      **Applied For**  
65-0941590      ☐ Not Applicable  
**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Martin Washofsky  
12120 NW 11th St  
Plantation, FL 33323

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City**      **FL**      **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**  **10-05-00** **MARTIN E. WASHOFSKY**  
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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	James D. Spina President	
<b>CITY-ST-ZIP</b>	3713 Glebe meadow way	
	Edgewater, MD 21037	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	Steve Pelosi Secretary	
<b>CITY-ST-ZIP</b>	136 N. Hamiston Dr	
	Bethany, CT 06524	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	Pat Thomas Treasurer	
<b>CITY-ST-ZIP</b>	58 Roosevelt St. Ext	
	New Haven, CT 06513	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	300003430033--2	
<b>CITY-ST-ZIP</b>	-10/19/00--01079--016	
	****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**  **James D. Spina**      **9/13/00**      **410 956 1378**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)

Wife Lot

**INTERNET  
EDUCATION**

# Memo

**To:** Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**From:** Dr. James D. Spina *JDS*  
3713 Glebe Meadow Way  
Edgewater, MD 02137

**Date:** 09/13/00

**Re:** UBR Filing

---

To Whom It May Concern:

Please note that Internet Education never received the initial UBR Filing Notice due to delivery problems with the US Mail. Accordingly, we respectfully request that the \$150 fee be accepted.

Thank You