

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90202 030 ***150.00

DOCUMENT # V18419

1. Entity Name
COMPOSITES EDUCATION ASSOCIATION, INC.

Principal Place of Business

**7705 TECHNOLOGY DR.
W. MELBOURNE FL 32904
US**

Mailing Address

**PO BOX 130
MELBOURNE FL 32902
US**

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 **59-3115674**

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

**HELBING, PATRICIA
7705 TECHNOLOGY DR.
W. MELBOURNE FL 32904**

Name

SCOTT M. LEWIT

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

7705 TECHNOLOGY DRIVE

City **W. MELBOURNE**

FL

Zip Code

32904

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 **SCOTT M. LEWIT**

4/6/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
REICHARD, RONNAL P.
788 ACACIA AVE
MELBOURNE VILLAGE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President / Sec
Christine A. Tomasetti
803 W. Central Blvd
Melbourne, FL 32901** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
HEBLING, PATRICIA A
9025 YORK LANE #11F
W. MELBOURNE FL** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPT
LEWIT, SCOTT M
1975 RIVERSHORE DR
INDIALANTIC FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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: **PATRICA A. HELBLING** **PATRICIA A. HELBLING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

321-951-9464

Daytime Phone #

CR2E034 (10/00)