

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V18419

FILED
Apr 30, 2003
Secretary of State

Entity Name: COMPOSITES EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

7705 TECHNOLOGY DR.
W. MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 130
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 59-3115674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWITT, SCOTT M
7705 TECHNOLOGY DR.
W. MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

LEWIT, SCOTT M
7705 TECHNOLOGY DR.
W. MELBOURNE, FL 32904 US

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

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: REICHARD, RONNAL P.,
Address: 788 ACACIA AVE
City-St-Zip: MELBOURNE VILLAGE FL,

Title: DVPT () Delete
Name: LEWIT, SCOTT M
Address: 1975 RIVERSHORE DR
City-St-Zip: INDIALANTIC, FL

Title: PS () Delete
Name: TOMASETTI, CHRISTINE A
Address: 203 W CENTRAL BLVD
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change () Addition
Name: TOMASETTI, CHRISTINE A
Address: 937 IVANHOE STREET
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT M LEWIT

DVPT

04/30/2003

Electronic Signature of Signing Officer or Director

Date