2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704522

1. Entity Name

FLYING EDUCATORS, INC.

Principal Place of Business	Mailing Address
5500 NW 21 TERRACE BOX 31 FT LAUDERDALE FL 33309-2732 US	18423 NW 9TH CT PEMBROKE PINES FL 33029-3607 US

2. Principal Place of Business	**3.** Mailing Address
18423 NW 9TH CT.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
PEMBROKE PINES, FL	
Zip: 33029-3607 Country: US	Zip Country

4. FEI Number — NOT APPLICABLE   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
UTLEY, GREG 18423 NW 9TH CT PEMBROKE PINES FL 33029	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **PD** NAME **GAGE, RAY** STREET ADDRESS **32 CAYUGA RD** CITY-ST-ZIP **SEA RANCH LAKES FL 33308-2916**	☑ Delete	TITLE **PD** NAME **James Bass** STREET ADDRESS **515 NE 8th Ave** CITY-ST-ZIP **Deerfield Beach, FL 33441**		☐ Change ☑ Addition
TITLE **VD** NAME **FOREST, FERNANDO P., JR.** STREET ADDRESS **840 CAMELIA CT.** CITY-ST-ZIP **FT. LAUDERDALE FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **STD** NAME **UTLEY, GREG** STREET ADDRESS **18423 NW 9TH CT** CITY-ST-ZIP **PEMBROKE PINES FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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   5/15/2002   Date   (954) 267-2419   Daytime Phone #