## 🛫 🖄 001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # K03231

DOCUMENT # KO3231  1. Entity Name EDUCATION SYSTEMS, INC.					FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90054 015 ***150.00			
Principal Place of Business 4475 US 1 SOUTH #406 ST. AUGUSTINE FL 32086 US		Mailing Address  4475 US 1 SOUTH  #406 ST. AUGUSTINE FL 32086 US						
2. Principal Place of Business		3. Mailing Address				9,5,, 0,6,, 7,6,, 2,5,		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE		
City & Sta	te	City & State		4. FEI Number	59-2858269		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current F	Registered Agent		7. Name and Ad	dress of New Register			
GEIGER, JOHN R.			. Name	• <del>•</del> • • • •			*	
4475	5 US 1 SOUTH AUGUSTINE FL 32086		Street Addres	(P.O. Box Number is	Not Acceptable)	· <u>·</u>		
			City		F	Zip Code	э	
SIGNATURE  9. This corpo	Signature, typed or printed name of registered agent are oration is eligible to satisfy its Intangible	nd title if applicable. (NOTÉ:	Registered Agent signature requ	d when reinstating)	n the State of Florida.  DAT  Campaign Financing		<b>0</b> May Be	
Tax filing requirement and elects to do so. (See criteria on back)		Make Check Payable	1 Fee will be \$550.00 e to Department of S	ate	und Contribution.		to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CH	ANGES TO OFFICERS A	ND DIRECTORS  Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEIGER, JOHN R. 4475 US 1 SOUTH #406 ST. AUGUSTINE FL	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEIGER, JOHN R. 4475 US 1 SOUTH # 406 ST. AUGUSTINE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME SIREET 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-SY-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	TITLE			☐ 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 oner like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR