

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000019786**

1. Entity Name  
**ENROLLMENT SERVICES, INC.**

Principal Place of Business 235 S. MAITLAND SUITE 115 MAITLAND 32751 FL	Mailing Address 235 S. MAITLAND SUITE 115 MAITLAND 32751 FL
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2. Principal Place of Business 235 S. MAITLAND AVE.	3. Mailing Address 235 S. MAITLAND AVE.
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Suite, Apt. #, etc. SUITE 115	Suite, Apt. #, etc. SUITE 115
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City & State MAITLAND FL	City & State MAITLAND FL
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Zip 32751	Country	Zip 32751	Country
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4. FEI Number <b>59-3234409</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**BOSTROM CHARLES F**  
 235 S. MAITLAND  
 SUITE 115  
 MAITLAND  
 32751  
 US

**7. Name and Address of New Registered Agent**

Name <b>BOSTROM CHARLES F</b>
Street Address (P.O. Box Number is Not Acceptable) <b>235 S. MAITLAND AVE.</b>
<b>SUITE 115</b>
City <b>MAITLAND</b>
<b>FL</b> Zip Code <b>32751</b>

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 \_\_\_\_\_ **05/01/2001**  
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**

TITLE D	<input type="checkbox"/> Delete
NAME <b>BOSTROM CHARLES F</b>	
STREET ADDRESS <b>30 MINNEHAHA CIR.</b>	
CITY-ST-ZIP <b>MAITLAND FL 32751</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: CHARLES F. BOSTROM** **D** **05/01/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)