

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90052 042 ***150.00

DOCUMENT # P98000061531

1. Entity Name

LEARNING SYSTEMS, INC.

Principal Place of Business

Mailing Address

209 PINE COURT
 OLDSMAR FL 34766

P.O. BOX 15921
 CLEARWATER FL 33766-5921

2. Principal Place of Business

3. Mailing Address

2643 Alessandro Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Harrisburg, PA

4. FEI Number

59-3521817

Applied For

Not Applicable

Zip

Country

Zip

Country

17110

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, MARILYN
2666 MEADOW WOOD DRIVE
CLEARWATER FL 33761

Name

Mark Brandt

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

595 Main St.

City

Dunedin

FL

Zip Code

34698

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

(Handwritten Signature)

(Mark W. Brandt)

4/6/00

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, 2000 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 Delete
 NAME **P CALDWELL, MARILYN M**
 STREET ADDRESS **2666 MEADOW WOOD DR**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME
 STREET ADDRESS **2643 Alessandro Blvd.**
 CITY-ST-ZIP **Harrisburg, PA 17110**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change 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: *(Handwritten Signature)* **Marilyn M. Caldwell**

4/6/00 (727) 403-5744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #