

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1062

00 JUN 14 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 621056**

1. Entity Name

**EDUCATION, INC.**

Principal Place of Business  
2619 S. MERIDIAN  
TALLAHASSEE FL 32301-6545

Mailing Address  
P.O. BOX 6888  
TALLAHASSEE FL 32314-6888

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2106409**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLAKES, ROBERT F JR  
1508 WILLOW WICK DRIVE  
TALLAHASSEE FL 32312**

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

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	DS	<input type="checkbox"/> Delete
NAME	FLAKES, JUANITA H	
STREET ADDRESS	1851 LAKE BRADFORD RD	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FLAKES, ROBERT F JR	
STREET ADDRESS	1851 LAKE BRADFORD RD	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ERIKA, FLAKES	
STREET ADDRESS	1508 WILLOW WICK DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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\*\*\*\*150.00 \*\*\*\*150.00

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:

*Juanita H. Flakes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/2000

Date

877-2778

Daytime Phone #

KE

6/14/00

2062

To Whom It May Concern:

I received this document # 621056  
in my P. O. Box 6/13/00. We never  
go beyond the due date of these  
matters. This would have been done  
earlier if I had received it earlier.  
This is why I have a P. O. Box to  
be sure I get important documents.

Guonita Slater