2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

647297 **DOCUMENT #**

1. Entity Name

REAL ESTATE EDUCATION SERVICE CORPORATION

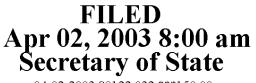


Mailing Address

SIGNATURE:

Principal Place of Business

2.	Principal Place of Business



04-02-2003 90122 032 ***150.00

5969 CATTLERIDGE BLVD STE 203 SARASOTA FL 34232 US				PUNTA GORDA FL 33955-4684 US								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. F	4. FEI Number 59-1958616 Applied For Not Applicate				
Zip	Country Zip				Coun	try	5. (5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Register	ed Agent			7. N	Name and Address of New Reg	istered A	gent		
DODOCDO		_=				Name						
RODGERS						Street Addre	ss (P.O. B	lox Number is Not Acceptable)				
	TLERIDGE I	BLVU										
STE 230												
. with	A FL 34232					City		FL	Zìp Code			
the obligat	tions of regist					d Agent signature req		ent, or both, in the State of Florid	DATE	imiliar with, a	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finan Trust Fund Contribution.	cing		O May Be to Fees	
10.		OFFICERS AND	DIRECTO	ORS	11.		AD	DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, bert Fleridge blvd ste 2 A Fl 34232	30	☐ Delete		1				□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,,,	· .	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		المراجع	***±4	Delete	NAME STREE		÷ 2′™0	والمستوع ويستره والمعارف		Change .	_ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			_	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	□ Delete		1		,	-	Change	Addition	
indicated of the cor	on this repor poration or th	t or supplemental report is	s true and owered to	accurate and that execute this report	my signat t as requir	ure shali have t	he same l	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oatl da Statutes; and that my name a	h: that I ar	n an officer (or director – l	