

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F95000005894**1. Entity Name
CONTINUING EDUCATION OF SC, INC.

Principal Place of Business 917 SYMPHONY ISLES BLVD APOLLO BCH 33572	FL US	Mailing Address 917 SYMPHONY ISLES BLVD APOLLO BCH 33572	FL US
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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
57-0988170Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MAJOR NAN E.P.
917 SYMPHONY ISLES BLVDAPOLLO BCH FL
33570 US

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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MEEHAN SUSAN	
STREET ADDRESS	1760 MCSWAIN DRIVE	
CITY-ST-ZIP	WEST COLUMBIA SC	

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WYCOFF LISA	
STREET ADDRESS	202 LOOKOUT DR	
CITY-ST-ZIP	APOLLO BCH FL 33570	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	SEYMOUR SCOTT	
STREET ADDRESS	6418 US HWY	
CITY-ST-ZIP	APOLLO BCH FL 33570	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANNE SPARKES	
STREET ADDRESS	919 CAPRICCIO LANE	
CITY-ST-ZIP	APOLLO BCH FL 33572	

TITLE	D	<input type="checkbox"/> Delete
NAME	YALICKI STANLEY	
STREET ADDRESS	208 ROSE CREEK LN	
CITY-ST-ZIP	COLUMBIA SC 29223	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISSY BARR	
STREET ADDRESS	GRAN KAYMEN WAY	
CITY-ST-ZIP	APOLLO BEACH FL 33572	

TITLE	DCP	<input type="checkbox"/> Delete
NAME	MAJOR NAN	
STREET ADDRESS	917 SYMPHONY ISLES BLVD	
CITY-ST-ZIP	APOLLO BCH FL 33570	

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAN MAJOR**P 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)