

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1-850-488-9000

DOCUMENT # F97000004314

1. Entity Name
EFFECTIVE LEARNING SYSTEMS, INC.



FILED

03 JUL -3 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3461 BONITA BAY BLVD
STE 212
BONITA SPRINGS FL 34134
US

Mailing Address
3461 BONITA BAY BLVD., STE. 208
212
BONITA SPRINGS FL 34134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-1307843

Apply
Not A

5. Certificate of Status Desired ☐

\$8.75 Additio
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISWOLD, DEIRDRE M
3760 LAKEMONT DR
BONITA SPRINGS FL 34134

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. I am familiar with, and the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00

Added to:

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	P	<input type="checkbox"/> Delete
NAME	GRISWOLD, ROBERT E	
STREET ADDRESS	3760 LAKEMONT DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GRISWOLD, DEIRDRE M	
STREET ADDRESS	3760 LAKEMONT DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	TS	<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"/> Change
NAME	000021196910	
STREET ADDRESS	06/30/03--01074--003 **\$50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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)(i), Florida Statutes. I further certify that the info 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 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 10 or B1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Griswold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #