

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90045 002 ***158.75

DOCUMENT # **H46987**

1. Entity Name

EDUCATIONAL ADVANCEMENT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7791 NEW HOLLAND WAY

Suite, Apt. #, etc.

3. Mailing Address

7791 NEW HOLLAND WAY

Suite, Apt. #, etc.

40004799

DO NOT WRITE IN THIS SPACE

City & State

BOTNTON BEACH, FL. 33437

Zip

33437

Country

USA

City & State

BOTNTON BEACH, FLORIDA

Zip

33437

Country

USA

4. FEI Number

65-008093

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LAURIE K. STEINBERG

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

7791 NEW HOLLAND WAY

City

BOTNTON BEACH

FL

Zip Code

33437

**DO NOT WRITE
IN THIS SPACE**

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 accept 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D P
STEINBERG LAURIE K.
7791 NEW HOLLAND WAY
BOTNTON BEACH, FL. 33437**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

LAURIE K. STEINBERG

4/11/05

(954) 261-1774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)