2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L-9902

1. Entity Name
WWW. Getyourcollege.com

FILED
01 SEP 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
WWW. Getyourcollege.com 3131 NW 13th St Suite #54 Gainesville, Fl. 32608	

2. Principal Place of Business	3. Mailing Address
3131 NW 13th St	3131 NW 13th St.
Suite, Apt. #, etc. Suite #54	Suite, Apt. #, etc. Suite #54
City & State Gainesville Fl.	City & State Gainesville, Fl.
Zip 32609 Country U.S	Zip 32609 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 3669594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Daniel, Thomas A, 623 North Main St, Gainesville, Fl. 32601	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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-09/21/01--01037--007
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE CEO NAME Harvard Daniel McLibbin STREET ADDRESS 3540 SW Archer Rd. #160 CITY-ST-ZIP Gainesville Fl. 32608	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Vice President NAME John D. McLibbin Sr. STREET ADDRESS 10551 NW 28th Place CITY-ST-ZIP Ocala Fl. 34482	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Vice President NAME John D. McLibbin Sr. STREET ADDRESS 10555 NW 28th Place CITY-ST-ZIP Ocala Fl. 34482	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Harvard D. McLibbin Harvard D McLibbin 8-29-01 (352) 371-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #