

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90667 009 ***550.00

DOCUMENT # L58973

1. Entity Name
EDUCATIONAL DESIGN SYSTEMS, INC.

Principal Place of Business

C/O SUSAN FAIRCHILD
 1451 W. FAIRWAY RD.
 PEMBROKE PINES FL 33026

Mailing Address

C/O SUSAN FAIRCHILD
 1451 W. FAIRWAY RD.
 PEMBROKE PINES FL 33026

A0074143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0209007**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. 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

FAIRCHILD, SUSAN
1451 W. FAIRWAY ROAD
PEMBROKE PINES FL 33026

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FAIRCHILD, SUSAN**
 STREET ADDRESS **1451 W. FAIRWAY RD.**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **ASSISTANT DIRECTOR / President** ☐ Change ☒ Addition
 NAME **C. HARRY CHARALAMBOUS**
 STREET ADDRESS **1451 WEST FAIRWAY RD.**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026-3016**

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan S. Fairchild* **SUSAN S. FAIRCHILD** 6/11/01 954-438-7520
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)