

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002035

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: THE EDUCATION STUDIO, INC.

## Current Principal Place of Business:

955B HARBOR LAKE CT.  
SAFETY HARBOR, FL 33695

## New Principal Place of Business:

1009 WYNDHAM WAY  
SAFETY HARBOR, FL 33695

## Current Mailing Address:

955B HARBOR LAKE CT.  
SAFETY HARBOR, FL 33695

## New Mailing Address:

1009 WYNDHAM WAY  
SAFETY HARBOR, FL 33695

FEI Number: 59-3643972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FISHMAN, STEVEN M  
3135 STATE RD.580,STE.11  
SAFETY HARBOR, FL 34695 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STEWART, ELIZABETH L  
Address: 1009 WYNDHAM WAY  
City-St-Zip: SAFETY HARBOR, FL 33695

Title: D ( ) Delete  
Name: FISHMAN, STEVEN M  
Address: 1009 WYNDHAM WAY  
City-St-Zip: SAFETY HARBOR, FL 33695

Title: D ( ) Delete  
Name: THOMAS, FLORAN  
Address: 3613 CYPRESS MEDOWS RD.  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH L. STEWART

MS.

04/29/2002

Electronic Signature of Signing Officer or Director

Date