

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90091 025 ****61.25

DOCUMENT # *100000006272*

1. Entity Name
METRO PLANNING Education Systems, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2261 KETTLE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 618036
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. EEI Number
59-3715124

Applied For
Not Applicable

Zip
32835
Country
ORANGE

Zip
32861-8036
Country
ORANGE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SOWDON, TILDEN L.

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

2261 KETTLE DRIVE

City
Orlando FL Zip Code
32835

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 _____

FEE IS \$61.25
Initial or Amended UBR

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*T.D. SOWDON, TILDEN L.
2261 KETTLE DRIVE
Orlando, FL 32835*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*T.D. SOWDON, SHERYL A
2261 KETTLE DRIVE
Orlando, FL 32835*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*S.D. JACKSON, JOHN E.
5401 S. KIRKMAN ROAD, Suite 310
Orlando, FL 32819*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tilden L. Sowdon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 *407-3772391*

Date Daytime Phone #

CR2E037B (12/01)