

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90119 032 ****61.25

DOCUMENT # N01000002363

1. Entity Name
ACADEMIC SUCCESS, INC.



Principal Place of Business
**4232 NW 75TH ST
GAINESVILLE FL 32653**

Mailing Address
**4232 NW 75TH ST
GAINESVILLE FL 32653**



2. Principal Place of Business
5200 NW 43RD STREET

3. Mailing Address
5200 NW 43RD STREET

Suite, Apt. #, etc.
Suite 102-383

City & State
Gainesville, Florida

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3708708**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GIBBONS, PATRICK G
4232 NW 75TH ST
GAINESVILLE FL 32653**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	GIBBONS, PATRICK G <input type="checkbox"/> Delete	TITLE D	C. Michael Curry, CPA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBONS, PATRICK G	NAME	C. Michael Curry, CPA
STREET ADDRESS	4232 N.W. 75TH STREET	STREET ADDRESS	3000 NW 83RD STREET
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	Gainesville, Florida 32606
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, ARLENE	NAME	
STREET ADDRESS	4459 N.W. 216TH LANE	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL 32667	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHTERHOF, JAMES	NAME	
STREET ADDRESS	3909 WILCOXSON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22031	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES, CAROLYN S	NAME	
STREET ADDRESS	4018 NW 22 DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick Gibbons, Director 4/18/03 200-956-8966

CR2E037 (10/02)