

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90093 030 ****61.25

DOCUMENT # **N02000009080**



1. Entity Name
OLD FLORIDA EDUCATIONAL SERVICES, INC.

Principal Place of Business
**2301 PARK AVENUE
SUITE 402
ORANGE PARK FL 32073**

Mailing Address
**2301 PARK AVENUE
SUITE 402
ORANGE PARK FL 32073**

2. Principal Place of Business
428 WALNUT STREET

3. Mailing Address
428 WALNUT STREET

Suite, Apt. #, etc.

City & State
GREEN COVE SPRINGS, FL

City & State
GREEN COVE SPRINGS, FL

4. FEI Number
55-0805873

Applied For
 Not Applicable

Zip
32043

Country

Zip
32043

Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUVAL, STEPHEN J
2301 PARK AVENUE
SUITE 402
ORANGE PARK FL 32073**

Name
DUVAL, STEPHEN J.

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

City
GREEN COVE SPRINGS, FL Zip Code
32043

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 *[Signature]*

Stephen J. Duval

2-20-03

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

(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	D	<input type="checkbox"/> Delete
NAME	DUVAL, STEPHEN J	
STREET ADDRESS	2301 PARK AVENUE, SUITE 402	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, MARSHA M	
STREET ADDRESS	2301 PARK AVENUE, SUITE 402	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENN-WILLIAMS, ALEX DR	
STREET ADDRESS	5385 SAND LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVAL, STEPHEN J.	
STREET ADDRESS	428 WALNUT STREET	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, MARSHA M.	
STREET ADDRESS	428 WALNUT STREET	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED**

2-20-03 *269-1069*

CR2E037 (10/02)