

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N05000003716

Entity Name: CULTURAL EDUCATION SERVICES INTERNATIONAL, INC.

FILED
Feb 18, 2003
Secretary of State

Current Principal Place of Business:

PO BOX 351869
JACKSONVILLE, FL 32235

New Principal Place of Business:

Current Mailing Address:

PO BOX 351869
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 59-3722248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
225 WATER ST., STE. 900
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PIERCE, GUY
Address: PO BOX 351869
City-St-Zip: JACKSONVILLE, FL 32235

Title: D () Delete
Name: ERVIN, MATTHEW
Address: PO BOX 351869
City-St-Zip: JACKSONVILLE, FL 32235

Title: PD () Delete
Name: BAXTER, MARK
Address: PO BOX 351869
City-St-Zip: JACKSONVILLE, FL 32235

Title: D (X) Delete
Name: JOHNSON, JULIE
Address: PO BOX 351869
City-St-Zip: JACKSONVILLE, FL 32235

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BAXTER

PD

02/18/2003

Electronic Signature of Signing Officer or Director

Date