

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001143

1. Entity Name

EDUCATIONAL SOLUTIONS, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90004 003 ****61.25

Principal Place of Business

Mailing Address

8159 ARLINGTON EXPWY #5
JACKSONVILLE FL 32247

PO BOX 10866
JACKSONVILLE FL 32247-0866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3495495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

AIKENS, JOYCE K
3724 LILLY ROAD SOUTH
JACKSONVILLE FL 32207

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, DELORES L	
STREET ADDRESS	3724 LILLY ROAD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	AIKENS, JOYCE K	
STREET ADDRESS	3724 LILLY ROAD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	STEUPE, ROBERT B	
STREET ADDRESS	3724 LILLY ROAD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AIKENS, GREGORY	
STREET ADDRESS	3724 LILLY ROAD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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 ~~not~~ empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delores Lee

4/30/00

Date

(904) 721-0081

Daytime Phone #

CR2E037 (9/99)