FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 17, 2001 8:00 am DOCUMENT # N98000001143 **Secretary of State** 1. Entity Name 05-16-2001 90010 008 \*\*\*\*61.25 EDUCATIONAL SOLUTIONS, INC. Principal Place of Business Mailing Address PO BOX 10866 8159 ARLINGTON EXPWY #5 JACKSONVILLE FL 32247-0866 JACKSONVILLE FL 32247 2. Principal Place of Business 4800 Atlantic blvd 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. I - 166City & State City & State 4. FEI Number Applied For 59-3495495 E.LJacksonville Not Applicable \$8.75 Additional Zip Country Duval Zip Country 5. Certificate of Status Desired Fee Required 2207 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AIKENS, JOYCE K 3724 LILLY ROAD SOUTH JACKSONVILLE FL 32207 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. XX Addition (5/01 PD TITI F N Delete TITLE PD Gregory Aikens 5608 Tempest St LEE, DELORES L NAME NAME STREET ADDRESS 3724 LILLY ROAD SOUTH STREET ADDRESS 32244 Jacksonville, $_{\star}$ FL JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP X Addition TITLE TITI F Change Delete Marcella Richardson AIKENS, JOYCE K NAME NAME 4427 Flintshire Road 3724 LILLY ROAD SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP 32208 Jacksonville, FL VSD ☐ Change 🖈 Addition TITLE D TITLE Delete lorence Wiliams D STEUP, ROBERT B NAME NAME 69 W. 12th Street STREET ADDRESS 3724 LILLY ROAD SOUTH STREET ADDRESS 32095 St. Sugustine FL CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 ۷D ☐ Change XX Addition X Delete TITLE TITLE Do modelin I. illianta AIKENS, GREGORY NAME NAME Yannick L. Boka STREET ADDRESS STREET ADDRESS 3724 LILLY ROAD SOUTH 3724 Lilly Road South Jacksonville, FL 32207 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32207 XX Addition Change TITLE □ Delete TITLE Stephan A. Boka Jr. NAME NAME STREET ADORESS STREET ADDRESS B724 Lilly Road South 32207 CITY-ST-ZIP CITY-ST-ZIP acksonville, FL Change X Addition ☐ Delete TITLE TITLE /Secretary abrina Hayes NAME NAME STREET ADDRESS 7238 Arlington Expressway STREET ADDRESS Jacksonville, F1 32211 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 employered 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.

(904) 3917PP5701