

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000004181**

1. Entity Name

EDUCATION TRANSFORMATION, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 11:32

Principal Place of Business

**3015 DREMA DRIVE
ST. CLOUD FL 34769**

Mailing Address

**3015 DREMA DRIVE
ST. CLOUD FL 34769**

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 **59-3524035**

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

**BEEKMAN, CARL PH.D.
3015 DREMA DRIVE
ST. CLOUD FL 34769**

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.

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
After September 12, 2001, min. will be \$236.25**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 NAME STREET ADDRESS CITY-ST-ZIP	SD BEEKMAN, CARL PH.D. 3015 DREMA DRIVE ST. CLOUD FL 34769	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRASER-BEEKMAN, STEPHANIE M PH.D. 3015 DREMA DRIVE ST. CLOUD FL 34769	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIBE, MICHAEL PH.D 3015 DREMA DRIVE ST. CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNN, SUSAN MURRAY CPA, PA 300 MAGNOLIA AVENUE, SUITE A MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debra Cartwright E.A., 906 Windway Cir Kiss, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, ERIN 488 GATEWAY DRIVE MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SHELTON, GLENN III 621 GEORGIA AVE. SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

AD

9-9-01