9/12/01-90029-050-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000090

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 27 AM 9:52
AU0850[illegible]

1. Entity Name

APPLIED SCHOLASTICS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1906 DREW ST CLEARWATER FL 33765	1906 DREW ST CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1701 Drew St.	1701 Drew St.
Suite, Apt. #, etc.: #7	Suite, Apt. #, etc.: #7
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33755 Country: USA	Zip: 33755 Country: USA

4. FEI Number 59-3557160 ☐ 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
SHADD, DEBBY 1158 BROOK RD. CLEARWATER FL 33755	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 Debby Shadd President 9/6/01
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	PD SHADD, DEBBY 1158 BROOK RD CLEARWATER FL 33755	President/D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REJKIN, NANCY 1824 AUDREY DR CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jim Burghorn 12410 Chickasaw Trail Largo, FL 33774 ☒ Change ☐ Addition Treasurer/Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SJAUCIUNAS, RITA 4448 WINDING WILLOW DR PALM HARBOR FL 34683	Secretary/Director ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

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: Debby Shadd Debby Shadd 9/6/01 727-461-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #