

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000090

FILED
May 01, 2003
Secretary of State

Entity Name: APPLIED SCHOLASTICS OF FLORIDA, INC.

Current Principal Place of Business:

1701 DREW ST
#7
CLEARWATER, FL 33755

New Principal Place of Business:

31806 US HWY 19 NORTH
PALM HARBOR, FL 34684

Current Mailing Address:

1701 DREW ST
#7
CLEARWATER, FL 33755

New Mailing Address:

31806 US HWY 19 NORTH
PALM HARBOR, FL 34684

FEI Number: 59-3557160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHADD, DEBBY
610 SALLY LANE
G12
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SHADD, DEBBY
1486 CLEVELAND ST.
CLEARWATER, FL 33755 US

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:

05/01/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHADD, DEBBY
Address: 610 SALLY LANE
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: BURGHORN, JIM
Address: 12410 CHICKASAW TRAIL
City-St-Zip: LARGO, FL 33774

Title: SD () Delete
Name: SIAUCIUNAS, RUTA
Address: 4446 WINDING WILLOW DR
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHADD, DEBBY
Address: 1486 CLEVELAND ST.
City-St-Zip: CLEARWATER, FL 33755

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

SIGNATURE: DEBBY SHADD

PD

05/01/2003

Electronic Signature of Signing Officer or Director

Date