2000 UNIFORM BUSINESS REPORT (UBR)

PRICE PISC of Business 80 BELAST TERRACE \$CRO BEACH FL 2564 2. Principal Place of Business \$AME \$Suits, Apt. #, etc. Suits, Apt. #, etc. Suits, Apt. #, etc. City & State Cony & State SHARMAN, SUMNER F Bit Belling State City FL Zip Code City FL Zip Code FL Zip	1. Entity Nam	MENT # N990000 r EDUCATION GROUP, INC.		R	Jul 10, 2000 8:00 am Secretary of State				
SERASTAIN FL 32568 2. Principal Place of Business SAM E Suite, Apr. #, atc. City & State Country Country Country Signature Signat	Principal Plac	e of Business	Mailing Address			1	03-31-2000	7 70004 037	01.23
Suite, Apt. #, etc. Suite, Ap			P.O. BOX 3155						
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Suite, Apt. 6, afc. City & State Country Zip Country Zip Country S. Cerificate of Status Desired \$4. FEI Number \$5. SYPO Z Applied \$4. FEI Number \$5. SYPO Z Applied \$4. FEI Number \$5. SYPO Z Applied \$5. Not not \$5. Not not \$6. Note and Address of Current Registered Agent The Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Supplied Type In the State of Florida. Signature Type In the State of Florida. Signature Type In the State of F	2. Principal P								
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S. Name and Address of Current Registered Agent T. Hame and Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. 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 FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 Trust Fund Contribution. D. OFFICERS AND DIRECTORS TITLE HAME SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Change TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Change TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Change TITLE MAKE SIMET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Change Change Change Change Change Change TITLE MAKE SIMET ADDRESS CITY-ST-2P TITLE MAKE SIMET ADDRESS CITY-ST-2P TITLE MAKE SIMET ADDRESS CITY-ST-2P Change	Zip Country		Zip Country		ntry			\$9.75	ot Applicable
SHARMAN, SUMNER F 610 BELFAST TERRACE SEBASTAIN FL 32958 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 PRICE TOUS FLORED COMPANIES TO STREET ADDRESS TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SIREMANGES CITY-ST-IP						<u> </u>		Fee Require	
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City FL Zip Code	CHADMAN CHAMED E								
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE Supplum, typod or presed hence of registered agent and time is applicable. PATE						· · · · · · · · · · · · · · · · · · ·			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Supplure, typed or preted neme of registered agent and the if applicable.	SEBASTAI	N FL 32958			City			FL Zip Cod	ө
SIGNATURE Styneture, hybrid or prised name of replacered agent and time if applicable. PHOTE, Replacered Agent signature required when refrontating) DATE	8. The above	named entity submits this statement for	r the purpose of changing its	registere	d office or register	red agent, or both,	in the state of Flori	da.	
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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 function on this report or supplemental report is fure and accurate partition my signature shall have the same legal effect as if made under cath; that I am an officer or did not corporation or the receiver or trusfee employeed to effect the report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all partition and produced.	12. hereby	certify that the information supplied with on this report or supplemental report is reporation or the receiver or to stee ember	that filling does not qualify for fude and accurate and that in world to effective this report:	the exen	nption stated in Se	ection 119.07(3)(i), same legal effect a 7. Florida Statutes;	Florida Statutes. I f s if made under oa and that my name	further certify that the inthe that I am an officer appears in Block 10 o	nformation or director Block 11 if
SIGNATURE: SIGNATURE: 5-1-2060 (561) 713-07		Constant	ith all other like empowed.)		(22/)2/3-	0797