

DOCUMENT # N99000003931

1. Entity Name

PREMIER EDUCATIONAL & RESEARCH SERVICES, INC.

8/1

FILED
Sep 19, 2000 8:00 am
Secretary of State

08-15-2000 90003 041 ****61.25

Principal Place of Business

1500 BEVILLE RD., STE. 606-209
DAYTONA BEACH FL 32114

Mailing Address

1500 BEVILLE RD., STE. 606-209
DAYTONA BEACH FL 32114

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593589431

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UHAKHEME, SMART
 640 MARY MCLEOD BETHUNE BLVD.
 DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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 13, 2000 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

TITLE D- SMART UHAKHEME (President) ☐ Delete
 NAME
 STREET ADDRESS 640 MARY MCLEOD BETHUNE BLVD
 CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE D- Vice President ☐ Delete
 NAME
 STREET ADDRESS RUSSELL MCOTRY JR.
 CITY-ST-ZIP 510 GROVE AVE
 HOLLY HILL, FL 32117

TITLE D- Sect ☐ Delete
 NAME
 STREET ADDRESS JOHN UKAWUWU
 CITY-ST-ZIP 1401 S. PALMETTO AVE APT 309
 DAYTONA BCH, FL 32114

TITLE D- TREVOR HALL ☐ Delete
 NAME
 STREET ADDRESS 300 JIMMY ANN DRIVE APT 528
 CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/00 904235102

CR2E037 (5/00)