

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90003 018 \*\*\*163.75

DOCUMENT # <b>P00000024132</b>	<b>VOCATIONAL UNIVERSITY INC</b>
1. Entity Name <b>MCO</b>	
<b>2211 NE 12<sup>th</sup> TERR.</b>	
<b>GAINSVILLE FL 32609</b>	



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2211 NE 12<sup>th</sup> TERR</b>	3. Mailing Address <b>2211 NE 12<sup>th</sup> TERR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>GAINSVILLE FLORIDA</b>	City & State <b>GAINSVILLE FLORIDA</b>
Zip <b>32609</b>	Country <b>USA</b>
Zip <b>32609</b>	Country <b>USA</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-368 7707</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>EMMA E. MCDONALD</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2211 NE 12<sup>th</sup> TERRACE</b>			
City <b>GAINSVILLE</b> FL Zip Code <b>32609</b>			

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE DATE **05/18/05**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>EMMA E. MCDONALD</b> <b>2211 NE 12TH TERRACE</b> <b>GAINSVILLE FL 32609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/02)