

2001 UNIFORM BUSINESS REPORT (UBR)

4/31

FILED
May 25, 2001 8:00 am
Secretary of State

04-30-2001 90010 015 ***150.00

DOCUMENT # P00000027852

1. Entity Name

EDUCATIONAL PERFORMANCE SYSTEMS, INC.

Principal Place of Business
1015 ATLANTIC BLVD., #447
ATLANTIC BEACH FL 32233

Mailing Address
1015 ATLANTIC BLVD., #447
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-3645131

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

INGRAHAM, MELANE W
1410 KINGS RD.
NEPTUNE BEACH FL 32266

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Melanie Ingraham	
STREET ADDRESS	1410 Kings Rd.	
CITY-ST-ZIP	Neptune Beach, FL 32266	
TITLE	Vice Pres.	<input type="checkbox"/> Delete
NAME	Brad Ingraham	
STREET ADDRESS	1410 Kings Rd.	
CITY-ST-ZIP	Neptune Beach, FL 32266	
TITLE	Vice Pres.	<input type="checkbox"/> Delete
NAME	Marcy Newsome	
STREET ADDRESS	805 E. Marks St.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	Vice Pres.	<input type="checkbox"/> Delete
NAME	Jan Wall	
STREET ADDRESS	720 Wandering Lane	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Tracy Whiteley	
STREET ADDRESS	1832 Moss Creek Dr.	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melanie W. Ingraham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2001
 Date

904 270 1786
 Daytime Phone #

CR2E034 (10/00)