

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State
 09-03-2002 90113 014 ***550.00

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 **59-3645131**

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

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

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

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, 2002 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

TITLE **P** ☐ Delete
 NAME **INGRAHAM, MELANIE**
 STREET ADDRESS **1410 KINGS RD**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **VP** ☐ Delete
 NAME **INGRAHAM, BRAD**
 STREET ADDRESS **1410 KINGS RD**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **VP** ☐ Delete
 NAME **NEWSOME, MARCY**
 STREET ADDRESS **805 E MARKS ST**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VP** ☐ Delete
 NAME **WALL, JAN**
 STREET ADDRESS **720 WANDERING LANE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **S** ☐ Delete
 NAME **WHITELEY, TRACY**
 STREET ADDRESS **1832 MOSS CREEK DR**
 CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

8/29/02
 Date

904 270 17 86
 Daytime Phone #

CR2E034 (9/01)