

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State


05-17-2001 90102 001 ***450.00

DOCUMENT # P00000037191
 1. Entity Name
FLORIDA EDUCATIONAL SERVICES, INC.

Principal Place of Business Mailing Address
 1321 MURFREESBORO RD 1321 MURFREESBORO RD
 NASHVILLE TN 37210 NASHVILLE TN 37210

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 311 **Suite 311**
 City & State City & State

Zip Country Zip Country
37217 **37217** **37217** **37217**


 DO NOT WRITE IN THIS SPACE
 4. FEI Number Applied For
62-1818536 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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Handwritten entries in column 12:
 President: **Mark Claypool**, 1321 Murfreesboro Rd Suite 311, Nashville, TN 37217
 Secretary: **Harold Simpson**, 1321 Murfreesboro Rd Suite 311, Nashville, TN 37217

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: Harold D. Simpson Secretary Date: 3-1-01 Daytime Phone #: 615-361-4000

CF2E094 (10/00)