

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

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90117 035 ***158.75

DOCUMENT # P00000058121

1. Entity Name

WALL STREET TEACHERS.COM, INC.

DO NOT WRITE IN THIS SPACE

20033716

2. Principal Place of Business

127 West Fairbanks Ave

Suite, Apt. #, etc.

244

3. Mailing Address

127 W. Fairbanks Ave

Suite, Apt. #, etc.

244

DO NOT WRITE IN THIS SPACE

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

593652850

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALLISON ELLIOTT

Street Address (P.O. Box Number is Not Acceptable)

130 BURRELL CIRCLE

City

Kissimmee

FL

Zip Code

34744

**DO NOT WRITE
IN THIS SPACE**

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.

ALLISON ELLIOTT PRESIDENT

4/12/2005

(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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
ALLISON ELLIOTT
130 BURRELL CIRCLE
KISSIMMEE FL 34744

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLISON ELLIOTT

4/12/2005

Date

Daytime Phone #

407.719.2592

CR2E034B (12/01)