

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 028 ***150.00

DOCUMENT # P00000067864	
1. Entity Name ALTMAN EDUCATIONAL SERVICES, INC.	

DO NOT WRITE IN THIS SPACE

10091100

2. Principal Place of Business 1142 MORVENWOOD ROAD Suite, Apt. #, etc.		3. Mailing Address 1142 MORVENWOOD ROAD Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32207	Country USA	Zip 32207	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3714189		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name MCQUAIG, DAVID H.		
	Street Address (P.O. Box Number is Not Acceptable) 4745 SUTTON PARK COURT		
	SUITE 103		
	City JACKSONVILLE	FL	Zip Code 32224

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinsuring)

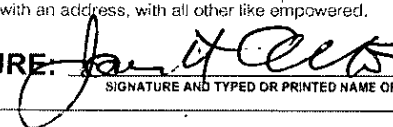
DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V/S/T ALTMAN, JAMES H. 1142 MORVENWOOD ROAD JACKSONVILLE, FL 32207	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:  **JAMES H. ALTMAN, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/03

CR2E034B (12/02)