

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

May 25, 2001 8:00 am
Secretary of State

05-02-2001 90108 012 ***150.00

DOCUMENT # **P00000083947**

1. Entity Name

LifeStream Learning Systems

*Not filed
9/22/00
TKM*

Principal Place of Business

Mailing Address

7766 Woodsdale Lane

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

11/A

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32256

Country

DUVAL USA

Zip

Country

4. FEI Number

59-368-0880

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

**Therese R. Quinn
7766 Woodsdale Ln
Jacksonville, FL 32256**

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

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

Therese R. Quinn
(NOTE: Registered Agent signature required when reinstating)

5/22/01
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 NAME STREET ADDRESS CITY-ST-ZIP	President Therese Quinn 7766 Woodsdale Ln Jacksonville FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President JAMES H. ALTMAN 1142 MORVEN WOOD RD JACKSONVILLE FL. 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - JAMES H. ALTMAN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Therese Quinn	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

Therese R. Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01
Date

998-0747
Daytime Phone #

CR2E034 (11/00)