

2003 02/16/03  
**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 26 AM 10:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

ADVANCED EDUCATION  
 SOLUTIONS, INC. 00000087658



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 S. MARITANA DR

3. Mailing Address

3200 S. MARITANA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 ST PETE BEACH, FL

City & State  
 ST PETE BEACH, FL

4. Fee Number

89-3673829

Applied For

Not Applicable

Zip

Country

33706 PINELANDS

Zip

Country

33706 PINELANDS

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM M. CONLEY

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

1135 PASADENA AVE S. #312

City

SOUTH PASADENA

FL

Zip Code  
 33707

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. 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 reinstating)

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/S/S  
 CONLEY, WILLIAM M.  
 3200 S. MARITANA DR  
 ST PETE BEACH, FL 33706

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

DO NOT WRITE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM M.  
 CONLEY  
 PRES

Date

3/14/03

Daytime Phone #

727-347-8814

CR2E034B (12/02)

2/31

3200 S. Maritana Drive  
St. Pete Beach, FL 33706  
March 14, 2003

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

My name is William M. Conley. I am the President and sole shareholder and Director of Advanced Education Solutions, Inc.

I never received the Uniform Business Report for this corporation in 2002. The business had changed its address to:

3200 S. Maritana Drive  
St. Pete Beach, FL 33706

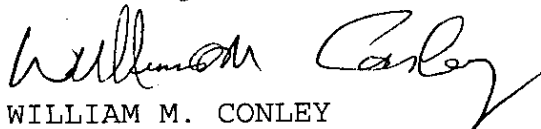
I had filed with the post office the form to have all mail forwarded to the new address; however, your Uniform Business Report for 2002 was never forwarded to me nor received.

In addition, in 2002 I was undergoing treatment for stomach cancer and the office manager, Edith, was getting treatment for breast cancer.

Since the Uniform Business Report was never received, I request that you allow me to file the regular Uniform Business Report and pay the normal \$150 fee.

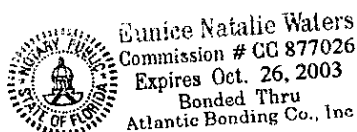
Thank you for your consideration to this matter.

Yours very truly,

  
WILLIAM M. CONLEY

STATE OF FLORIDA     )  
                                  )  
COUNTY OF PINELLAS    )

SWORN TO before me, a Notary Public, this 14<sup>th</sup> day of March,  
2003.



  
Notary Public  
My commission expires:

