FILED
Jan 14, 2002 8:00 am
Secretary of State
01-14-2002 90055 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033695

1. Entity Name
Schank Learning Consultants, Inc.

DO NOT WRITE IN THIS SPACE

B0001920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1616 Everglade Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach, FL	City & State:
Zip: 33480 Country: US-A	Zip: Country:

4. FEI Number: 65-1096353 ☐ 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: Stuart Klein, Esquire

Street Address (P.O. Box Number is Not Acceptable): 1551 Forum Place, Suite 402B

City: West Palm Beach FL Zip Code: 33401

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)

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: Director/Officer NAME: Roger C. Schank STREET ADDRESS: 1616 Everglade Avenue CITY-ST-ZIP: Palm Beach, FL 33480	
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Roger C. Schank 1/5/02 561-655-7319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #