


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90064 047 \*\*\*150.00

**DOCUMENT # P01000038183**

1. Entity Name  
**SCHOLASTIC SOLUTIONS INC.**



Principal Place of Business  
1212 BEN FRANKLIN DRIVE #1002  
SARASOTA, FL 34236

Mailing Address  
1212 BEN FRANKLIN DRIVE #1002  
SARASOTA, FL 34236

2. Principal Place of Business  
145 Eagles Bluff Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
145 Eagles Bluff Blvd.  
Suite, Apt. #, etc.

City & State  
Bullard, TEXAS

City & State  
Bullard, TEXAS

Zip  
75757

Country  
USA

Zip  
75757

Country  
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**62-1842635**

Applied For  
Not Applicable

5. Certificate of Status Desired ---  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRELL, DALE  
1212 BEN FRANKLIN DRIVE #1002  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name  
Albert N. Drake

Street Address (P.O. Box Number is Not Acceptable)  
1212 Ben Franklin Dr, Suite 1007

City  
Sarasota

FL

Zip Code  
34236

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: Albert N. Drake Albert N. Drake 6/11/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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 D	NAME FERRELL, DALE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1212 BEN FRANKLIN DRIVE #1002	CITY-ST-ZIP SARASOTA, FL 34236	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P.T.S.	NAME DORCHIE L. FERRELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 145 EAGLES BLUFF BLVD.	CITY-ST-ZIP BULLARD, TX 75757	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorchie L. Ferrell 6/24/03 903-591-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)