

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90035 009 ***150.00

DOCUMENT # P01000071567

1. Entity Name
REAL ESTATE SCHOOL OF LICENSING & DEVELOPMENT, I
NC.

Principal Place of Business
35048 SHADY OAKS LANE
FRUITLAND PARK FL 34731

Mailing Address
35048 SHADY OAKS LANE
FRUITLAND PARK FL 34731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3754657

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEAMAN, MARVIN L JR
605 N. WYMORE RD.
WINTER PARK FL 32789

Name

NIKKI CLAYTON

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

35048 SHADY OAKS LANE

City

FRUITLAND PARK

FL

Zip Code

34731

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

NIKKI CLAYTON, Director

12/31/01

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, 2002 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
D
RUSSELL, JAMELA K
35048 SHADY OAKS LN.
FRUITLAND PARK FL 34731

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLAYTON, NIKKI
35048 SHADY OAKS LN.
FRUITLAND PARK FL 34731

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIZERAK, LESLIE
1773 GRINNELL TERRACE
WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMELA K. Russell

Date

1/15/02 352-787-1978

Daytime Phone #

CR2E034 (9/01)