

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90215 048 ***150.00

DOCUMENT # P01000090133

1. Entity Name
THE ASSOCIATION FOR ONLINE ACADEMIC EXCELLENCE, INC.



Principal Place of Business
**212 SWEET GUM WAY
LONGWOOD FL 32779**

Mailing Address
**212 SWEET GUM WAY
LONGWOOD FL 32779**

2. Principal Place of Business
**540 N. Hwy 434
BLDG 109**

3. Mailing Address
P.O. Box 520912

Suite, Apt. #, etc.
BLDG 109

Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS, FL

City & State
Longwood FL

Zip
32712

Country
U.S.

Zip
32752

Country
U.S.

4. FEI Number
59-3742922

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

100000003



6. Name and Address of Current Registered Agent

**TANNER, RICHARD M
500 GOLF TEE LANE, APT. 124
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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. 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

**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 ☐ Delete
NAME **D**
STREET ADDRESS **TANNER, RICHARD M**
CITY-ST-ZIP **212 SWEET GUM WAY
LONGWOOD FL 32779**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TANNER, FLORENCE**
CITY-ST-ZIP **212 SWEET GUM WAY
LONGWOOD FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500 GOLF TEE LANE #124**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500 GOLF TEE LANE #124**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: **RICHARD TANNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 407 921 0389

Date

Daytime Phone #

CR2E034 (10/02)