

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State
 03-04-2002 90027 017 ***150.00

001024 AV

DOCUMENT # P01000104148

1. Entity Name

ADVANCED CONCEPTS IN EDUCATION, INC.

Principal Place of Business

**ONE INDEPENDENT DR. SUITE 3303
 JACKSONVILLE FL 32202-5027**

Mailing Address

**ONE INDEPENDENT DR. SUITE 3303
 JACKSONVILLE FL 32202-5027**

000084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Alsace Ct

3. Mailing Address

100 Alsace Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch, Fla

City & State

Ponte Vedra Bch, Fla

4. FEI Number

01-0553477

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32082

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KIRCHER, SALLY J
 ONE INDEPENDENT DR, SUITE 3303
 JACKSONVILLE FL 32202-5027**

7. Name and Address of New Registered Agent

Name

IRDA DTB

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.

SIGNATURE

Nancy R. Ellington

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

TITLE	Nancy Ellington - Pres <input type="checkbox"/> Delete
NAME	100 Alsace Ct.
STREET ADDRESS	Ponte Vedra Bch, Fla. 32082
CITY-ST-ZIP	
TITLE	Geraldine B. Johnson, Secy/Treas <input type="checkbox"/> Delete
NAME	2042 Mills Rd
STREET ADDRESS	Jacksonville, Fla. 32082
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Nancy R. Ellington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

904-273-5018

Daytime Phone #

CR2E034 (9/01)