


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

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90116 026 \*\*\*400.00  
06-25-2003 90074 009 \*\*\*158.75

<b>DOCUMENT # P02000018261</b>							
1. Entity Name <b>OAKS EDUCATIONAL SERVICES, INC.</b>							
Principal Place of Business <b>1807 GLENDALE ROAD ORLANDO FL 32808</b>		Mailing Address <b>1807 GLENDALE ROAD ORLANDO FL 32808</b>					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>01061777 4</b>			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SMITH, JUDITH D</b> <b>1807 GLENDALE ROAD</b> <b>ORLANDO FL 32808</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 <i>Judith D. Smith</i>		Signature, typed or printed name of registered agent and fee if applicable.		<i>Judith D. Smith</i> <b>6/21/03</b> (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	<i>Judith D. Smith</i>			
STREET ADDRESS			STREET ADDRESS	<i>1807 Glendale Rd.</i>			
CITY-ST-ZIP			CITY-ST-ZIP	<i>Orlando, FL 32808</i>			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Judith D. Smith</i>		Signature and typed or printed name of signing officer or director		<b>6/21/03 407-293-4909</b> Date Daytime Phone			



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)