

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90113 002 ***150.00

DOCUMENT # P02000023038

1. Entity Name
SMARTER COURSE, INC.



Principal Place of Business
522 WEST MALLORY STREET
PENSACOLA FL 32501

Mailing Address
522 WEST MALLORY STREET
PENSACOLA FL 32501

2. Principal Place of Business

522 W Mallory St
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 17142
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Pensacola, FL
32501 USA

City & State

Pensacola, FL
32522 USA

4. FEI Number

01-0620264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SETTLE, EDWARD G
522 WEST MALLORY STREET
PENSACOLA FL 32501

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

Edward G. Settle

(NOTE: Registered Agent signature required when reinstating)

04/29/2003

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** ☐ Delete
NAME **SETTLE, EDWARD G**
STREET ADDRESS **522 WEST MALLORY STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete
NAME **SETTLE, MICKEY G**
STREET ADDRESS **7030 WEST GARDNER STREET**
CITY-ST-ZIP **MILTON FL 32583**

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
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:

Edward G. Settle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2003
Date Daytime Phone #

CR2E034 (10/02)