FILED
Feb 25, 2003 8:00 am
Secretary of State

01-15-2003 90300 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # P02000092443

1. Entity Name
FLORIDA EDUCATION MANAGEMENT CENTER, INC.

Principal Place of Business
1719 SW 110 STREET
GAINESVILLE FL 32607

Mailing Address
1719 SW 110 STREET
GAINESVILLE FL 32607

2. Principal Place of Business: 1719 SW 110th St.
Suite, Apt. #, etc.
City & State: Gainesville, FL
Zip: 32607 Country: USA

3. Mailing Address: 1719 SW 110th St.
Suite, Apt. #, etc.
City & State: Gainesville, FL
Zip: 32607 Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0641669 ☑ Applied For ■ Not Applicable

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

6. Name and Address of Current Registered Agent

BAI, LISA X
1719 SW 110 STREET
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name: Lisa Bai
Street Address (P.O. Box Number is Not Acceptable): 1719 SW 110th St.
City: Gainesville FL Zip Code: 32607

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: Lisa X. Bai [signature] 1/8/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sherman Bai 1719 SW 110 st, Gainesville, FL 32607	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lisa Bai 1719 SW 110 st, Gainesville, FL 32607	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED Lisa Xi Bai 1/8/03 (352)332-591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #