

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90014 041 ***150.00

DOCUMENT # P94000025346

1. Entity Name
 C. E. SCHOOLS, INC. ✓

Principal Place of Business
 1700 McMullen Booth Rd.
 Suite C-5
 Clearwater, FL 33759

Mailing Address
 Post Office Drawer 988
 Lakeland, FL 33802-0988

2. Principal Place of Business
 2310 A-Z Park Road
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 988
 Suite, Apt. #, etc.

City & State
 Lakeland, FL

City & State
 Lakeland, FL

Zip
 33801

Country
 US

Zip
 33802-0988

Country
 US

4. FEI Number
 59-3249472

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Hodges, Ricky T.
 2310 A-Z Park Road
 Lakeland, FL 33801

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.

SIGNATURE
 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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Russell, Janis L.		NAME Houser, Lynn	
STREET ADDRESS 2944 Chancery Road		STREET ADDRESS 2310 A-Z Park Road	
CITY-ST-ZIP Clearwater, FL 33759		CITY-ST-ZIP Lakeland, FL 33801	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Taylor, Elizabeth		NAME Bennett, Allen C.	
STREET ADDRESS 2134 Grove Lane		STREET ADDRESS 2310 A-Z Park Road	
CITY-ST-ZIP Clearwater, FL 33764		CITY-ST-ZIP Lakeland, FL 33801	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sipe, Carol P.		NAME	
STREET ADDRESS 2310 A-Z Park Road		STREET ADDRESS	
CITY-ST-ZIP Lakeland, FL 33801		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hanselman, John D.		NAME Hanselman, John D.	
STREET ADDRESS 2310 A-Z Park Road		STREET ADDRESS 2310 A-Z Park Road	
CITY-ST-ZIP Lakeland, FL 33801		CITY-ST-ZIP Lakeland, FL 33801	
TITLE D	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hodges, Ricky T.		NAME Hodges, Ricky T.	
STREET ADDRESS 2310 A-Z Park Road		STREET ADDRESS 2310 A-Z Park Road	
CITY-ST-ZIP Lakeland, FL 33801		CITY-ST-ZIP Lakeland, FL 33801	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Clarke, Thomas L., Jr.		NAME	
STREET ADDRESS 2310 A-Z Park Road		STREET ADDRESS	
CITY-ST-ZIP Lakeland, FL 33801		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: *Ricky T. Hodges* **Ricky T. Hodges, President** **04-01-01** **863-665-6060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (11/00)