

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90371 001 ***300.00

DOCUMENT # P95000051400

1. Entity Name
EXAMS, INC.



Principal Place of Business
139 JUBILEE
DAYTONA BCH FL 32125-0783
US

Mailing Address
PO BOX 250783
DAYTONA BCH FL 32125
US



2. Principal Place of Business

6 Dover Falls Rd

Suite, Apt. #, etc.

Ormond Beach

City & State

FL

Zip

32174

Country

USA

3. Mailing Address

6 Dover Falls Rd

Suite, Apt. #, etc.

Ormond Beach FL

City & State

FL

Zip

32174

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3326253**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOELKER, DONALD R

139 JUBILEE CIRCLE

DAYTONA BCH FL 32125-0783

7. Name and Address of New Registered Agent

Name

DONALD R. KOELKER

Street Address (P.O. Box Number is Not Acceptable)

6 Dover Falls Rd

Ormond Beach FL

City

FL

Zip Code

32174

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 **DONALD R. KOELKER**

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

Donald R Koelker

(NOTE: Registered Agent signature required when reinstating)

Feb 8-2003

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 **PST** ☐ Delete
NAME **KOELKER, DONALD R**
STREET ADDRESS **139 JUBILEE CIRCLE**
CITY-ST-ZIP **DAYTONA BEACH FL 32125-0783**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6 Dover Falls Rd**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

DONALD R. KOELKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8-2003
Date

386-679-1085
Daytime Phone #

CR2E034 (10/02)