2000 UNIFORM BUSINESS REPORT (UBR)

May 22, 2000 8:00 am Secretary of State DOCUMENT # P95000080744 1. Entity Name B&B - THE EDUCATION COMPANY, INC. 04-23-2000 90018 050 ***150.00 Mailing Address Principal Place of Business 1124 TALL PINE DRIVE 450 HUNT CLUB BLVD APOPKA FL 32703 APOPKA FL 32712-2587 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City'& State City & State 59-3354406 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRIS, MARSHALL S Street Address (P.O. Box Number is Not Acceptable) 1059 EDGEWATER DRIVE ORLANDO: FL 32810: 🥳 🐇 . 178.30 City 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE Delete NAME BRANDNER, KAREN J NAME STREET ADDRESS STREET ADDRESS 1124 TALL PINE DR CATY-ST-ZIE CITY-ST-ZIP APOPKA FL Addition Change TITLE Delete TITLE NAME BRANDNER, J WILLIAM NAME STREET ADDRESS STREET ADDRESS 1124 TALL PINE DR CITY-ST ZIP CITY-ST-ZIP APOPKA FLictor Addition 4-11,112014 Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change 🗀 Deiete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 407 521 747 SIGNATURE: SIGNATUE Daytime Phone