

2004 -FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000050418

1. Entity Name

EDUCATIONAL CONSULTING, INC.



Principal Place of Business

2123 NORTHWEST 62ND DRIVE
BOCA RATON FL 33496

Mailing Address

2123 NORTHWEST 62ND DRIVE
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0678801**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOVING, JACK R
1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33316

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 **GREENE, RICHARD S**
STREET ADDRESS **2123 NOTHEWEST 62ND DRIVE**
CITY- ST- ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Delete
NAME **GREENE, EDYTHE P**
STREET ADDRESS **2123 NOTHEWEST 62ND DRIVE**
CITY- ST- ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Delete
NAME **GREENE, ROBERT E**
STREET ADDRESS **239 E 79TH ST. APT. 6L**
CITY- ST- ZIP **NEW YORK NY 10021**

TITLE **D** ☐ Delete
NAME **GREENE, DR. SHERRI**
STREET ADDRESS **69 5TH AVE. APT. 7H**
CITY- ST- ZIP **NEW YORK NY 10003**

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 **U00000032657**
CITY- ST- ZIP **02/05/04-80011-025 150.00**

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

TITLE ☐ Change ☐ Addition
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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:

Richard S Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04
Date

56-994-2343
Daytime Phone #