

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90180 003 ***150.00

DOCUMENT # P96000088743

1. Entity Name
EDUCATIONAL RESOURCES, INC.



Principal Place of Business
143 SUNSET BAY DR
PALM BEACH GARDENS FL 33418
US

Mailing Address
143 SUNSET BAY DR
PALM BEACH GARDENS FL 33418
US



2. Principal Place of Business

517 Bayberry Drive
Suite (Apt. #) etc.

3. Mailing Address

517 Bayberry Drive
Suite (Apt. #) etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Park, FL

Zip
33417

Country
USA

City & State
Lake Park, FL

Zip
33417

Country
USA

4. FEI Number 65-0707608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, BARBARA E
143 SUNSET BAY DR
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name
Natalie Reyes
Street Address (P.O. Box Number is Not Acceptable)
517 Bayberry Drive
City & State
Lake Park, FL FL Zip Code
33403

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/03

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
P
GOLDBERG, BARBARA
143 SUNSET BAY DR
PALM BEACH GARDENS FL 33418 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
Natalie Reyes
517 Bayberry Drive
Lake Park, FL 33403 ☐ Change ☒ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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: Natalie Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03 561-694-0600
Date Daytime Phone #

CR2E034 (10/02)