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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000037940**1. Corporation Name

UNITY EDUCATIONAL SERVICES, INC.										
Principal Place	of Business	Maili	ng Address					411 46 114 46144 1	JANE 18818 18111 W	JOSE DOSE (881
215 S APOPKA AVE 215 S APOPKA AVE INVERNESS FL 34452 INVERNESS FL 34452					DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed			
							04/29/1997		_	
2. Principal Pl	ace of Business	2a. M	failing Address			······································	4. FEI Number		App	lied For
21		26					59-3448771		Not	Applicable
Suite, Apt.	#, etc.	27 S	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	-
City & State	· · · · · · · · · · · · · · · · · · ·		City & State				6. Election Campaign Financing	П	\$5:00	Vlay Be
23		28		_			Trust Fund Contribution		Added to	Fees
Zip	Country	z	lip		intry		8. This corporation owes the curr	ent year Inta		٦.,
24	25	29		30	1		Personal Property Tax.	N		□No
	9. Name and Address of Current	t Register	red Agent		81	Name	10. Name and Address of New F	(egistered A	gent	
C00	PER, WARD J									
	S DAVIS LAKE DR				82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
INVERNESS FL 34450				83			-			
					84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607	.1508, Florida Statut	tes, the a	above	-named corpo	ration submits this statement for the	nurnose of o	changing its i	egistered
l office or ri	egistered agent, or both, in the State of familiar with, and accept the obligation	of Flonda.	. Such change was a	iuthorized	a by i	tne corporatioi	n's board of directors. I hereby acce	pt the appoin	tment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if a	onlicable (NOTE	Registered	d Agent	t signature required	when reinstating)	DATE		 [
12.	OFFICERS AN		··	13.		, organization and a second	ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR	RS IN 12
TITLE	PS		☐ DELETE	1,1 TI	ITLE				☐ Change	Addition
NAME	COOPER, JAMIE J			1.2 N	AME					
STREET ADDRESS	215 S APOPKA AVE			1		ADDRESS				
CITY-ST-ZIP				1.3 \$	TREET	ACCITACOS				
	INVERNESS FL 34452				TREET			44.78.11	<u>.</u>	
TITLE	INVERNESS FL 34452		☐ DELETE		aty-st			4 44	Change	Addition
TITLE NAME	VT COOPER, WARD J		☐ DELETE	1.4 C	ary-st		<u></u>		Change	Addition
	VT COOPER, WARD J 215 S APOPKA AVE		☐ DELETE	1.4 CI 2.1 TI 2.2 N	ETY-ST ITLE IAME				Change	Addition
NAME	VT COOPER, WARD J			1.4 Cl 2.1 Tl 2.2 N 2.3 S 2.4 C	ETY-ST ITLE IAME STREET CITY-S	ADDRESS T-ZIP				
NAME STREET ADDRESS	VT COOPER, WARD J 215 S APOPKA AVE		☐ DELETE	1.4 Cl 2.1 Tl 2.2 N 2.3 S 2.4 C	TITY-ST TILE TAME TREET CITY-S	ADDRESS			☐ Change	
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90105 004 ***150.00