


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000037940 1. Entity Name UNITY EDUCATIONAL SERVICES, INC.	
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Principal Place of Business 215 S APOPKA AVE INVERNESS, FL 34452	Mailing Address 215 S APOPKA AVE INVERNESS, FL 34452
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05162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3448771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOPER, WARD J 3020 S DAVIS LAKE DR INVERNESS, FL 34450
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**DO NOT WRITE
IN THIS SPACE**

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 the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PS COOPER, JAMIE J 215 S APOPKA AVE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COOPER, WARD J 215 S APOPKA AVE INVERNESS, FL 34452
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05/19/04-80002-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jamie Cooper* *Jamie Cooper* *May 16, '04* *352. 637. 4367*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #