

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Simply Inc.

D.B.A. Victory Learning Center

Principal Place of Business

Victory Learning Center
2621 Estero Blvd.

FL Myers Beach, FL 33931

2. Principal Place of Business

Victory Learning Center 2621 Estero Blvd.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

FL Myers Beach

33931

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB -4 PM 1:27

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0817953

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Yvonne Coleman
15930 Bayside Pointe West #706
FL Myers, FL 33908

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.

SIGNATURE

Yvonne Coleman

(NOTE: Registered Agent signature required when reinstating)

4/23/01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY-1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Mary Zang Sec. / Treasurer 1804 S. E 13th Terrace Cape Coral, FL 33904

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Pres. Vile Pres. Sec. Treasurer Yvonne Coleman 15930 Bayside Pointe W. #706 FL Myers FL 33908

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
300004911403--3
-02/12/02--01030--031
****300.00 ****300.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS 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.

SIGNATURE:

Yvonne Coleman 3/9/01 1st form 941-463-2800

CR2E034 (11/00)

Attachment
to doc #

Florida DRIVER LICENSE CLASSIC

The Sunshine State

LICENSE NUMBER
C455-965-54-781-1

YVONNE ELIZABETH COLEMAN
16930 BAYSIDE POINTE WEST 706
FORT MYERS, FL 33908-0000

BIRTH DATE	SEX	HGT.	REST.	ENDORSE
08-01-54	F	5-08		
ISSUED	EXPIRES	DUPLICATE		
10-13-00	08-01-07	02-16-01		

ORGAN DONOR
NO20102160126

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.