2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State **DOCUMENT #** P98000004410 1. Entity Name 05-06-2002 90060 041 ***150.00 FLORIDA EDUCATIONAL SYSTEMS, INC. Principal Place of Business Mailing Address 7086 28TH COURT EAST 7080 28TH COURT EAST SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address 2812 Tallevast Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0804405 surasota Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired П Manutee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETRAT-HAYDEN, CINDY O. Box Number is Not Acceptable) 7080 28TH CT EAST SARASOTA FL 34243 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME PETRAT, CARL S STREET ADDRESS STREET ADDRESS 3114 51ST ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HAYDEN, CINDY PETRAT STREET ADDRESS STREET ADDRESS 6924 26TH ST W CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL TĨTLÈ Addition Delete NAME PETRAT, WILLARD G STREET ADDRESS STREET ADDRESS 6441 CARMELLA LN CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change · 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: SGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR SGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR

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