

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91108 012 ***150.00

DOCUMENT # P98000030517



1. Entity Name
EDUCATIONAL & BUSINESS SYSTEMS INC.

Principal Place of Business
**2960 S MCCALL RD
ENGLEWOOD FL 34224**

Mailing Address
**C/O S M HENSHAW ATTY
PO BOX 150639
CAPE CORAL FL 33915**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0824470**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAUGRAND, L DIETER
6358 GRANGER ROAD
PORT CHARLOTTE FL 33981**

Name

Street Address (P.O. Box Number is Not Acceptable)
13416 Buckett Circle

Port Charlotte, FL 33981

City
Port Charlotte

FL

Zip Code
33981

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

(NOTE: Registered Agent signature required when reinstating)

03/12/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** Delete
NAME **BEAUGRAND, L DIETER**
STREET ADDRESS **6358 GRANGER ROAD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE Change Addition
NAME
STREET ADDRESS **13416 Buckett Circle**
CITY-ST-ZIP **Port Charlotte, FL 33981**

TITLE **VP** Delete
NAME **BEAUGRAND, H WOLFGANG**
STREET ADDRESS **6358 GRANGER RD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE Change Addition
NAME
STREET ADDRESS **5160 Munhall St.**
CITY-ST-ZIP **Port Charlotte, FL 33981**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

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

President 3/12/03 (941)460-9914

Date Daytime Phone #

CR2E034 (10/02)