

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90171 005 ***150.00

DOCUMENT # P98000037726

1. Entity Name

EDUCATIONAL SERVICES, INC.



Principal Place of Business

37206 CLINTON AVE.

DADE CITY FL 33525

Mailing Address

37206 CLINTON AVE.

DADE CITY FL 33525

2. Principal Place of Business

13815 Highway 98 Bypass

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

33525

Country

Pasco

City & State

Zip

33525

Country

FL

Zip Code

33525

Country

FL

Zip Code

33525

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FL

Zip Code

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3507035

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H

37837 MERIDIAN AVE, STE.314

DADE CITY FL 33525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	POLK, D.RAY	NAME	
STREET ADDRESS	37206 CLINTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	POLK, MARGARET E	NAME	
STREET ADDRESS	37206 CLINTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 another like empowered.

SIGNATURE:

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

1/14/03

352-521-0618

Date

Daytime Phone #