

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90016 021 ***158.75

DOCUMENT # P98000048280

1. Entity Name

Educational Endeavors Incorporated

Principal Place of Business

Mailing Address

5728 Major Blvd. #256
 Orlando, FL 32819

P.O. Box 691239
 Orlando, FL 32869

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3514870

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

00057380

6. Name and Address of Current Registered Agent

Pacheco, Oscar
 209 Farrington Lane
 Kissimmee, FL 34744

7. Name and Address of New Registered Agent

Name

Pacheco, Debbie A.

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

209 Farrington Lane

City

Kissimmee

FL

Zip Code

34744

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

Debbie A. Pacheco

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | Pacheco, Oscar | |
| STREET ADDRESS | 209 Farrington Lane | |
| CITY - ST - ZIP | Kissimmee, FL 34744 | <input type="checkbox"/> Delete |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | N/A | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|---------------------|--|
| TITLE | P/D/C/V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pacheco, Debbie A. | |
| STREET ADDRESS | 209 Farrington Lane | |
| CITY - ST - ZIP | Kissimmee, FL 34744 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| 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 I am the owner of the corporation or the receiver or trustee empowered to execute this report; that the information is 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:

Debbie A. Pacheco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

407-226-1088

Daytime Phone #

CR2E034 (11/00)