

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061531

1. Entity Name

LEARNING SYSTEMS, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90052 042 \*\*\*150.00

Principal Place of Business

Mailing Address

209 PINE COURT  
OLDSMAR FL 34766

P.O. BOX 15921  
CLEARWATER FL 33766-5921

2. Principal Place of Business

3. Mailing Address

2643 Alessandro Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Harrisburg, PA

4. FEI Number 59-3521817

Applied For

Not Applicable

Zip

Country

Zip

Country

17110

US

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

CALDWELL, MARILYN  
2666 MEADOW WOOD DRIVE  
CLEARWATER FL 33761

Name Mark Brandt

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

595 Main St.

City

Dunedin

FL

Zip Code

34698

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

(Mark W. Brandt 4/6/00)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CALDWELL, MARILYN M  
STREET ADDRESS 2666 MEADOW WOOD DR  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2643 Alessandro Blvd.  
CITY-ST-ZIP Harrisburg, PA 17110

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  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: Marilyn M. Caldwell Marilyn M. Caldwell 4/6/00 (727) 403-5744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #