

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 10, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000103580**

1. Entity Name  
 ESCHOOLSOLUTIONS.COM, INC.

Principal Place of Business 2053 WEMBLEY PLACE OVIEDO FL 32765	Mailing Address 2053 WEMBLEY PLACE OVIEDO FL 32765
--	--

2. Principal Place of Business 3330 EDGEWATER DRIVE Suite, Apt. #, etc.	3. Mailing Address 3330 EDGEWATER DRIVE Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number <b>59-3545964</b>	Applied For <input type="checkbox"/>
Zip 32804	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent BERKSON GARY M C/O WILDER & BERKSON 1132 SYMONDS AVE WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name SUNDSTROM DAVID M Street Address (P.O. Box Number is Not Acceptable) 3330 EDGEWATER DRIVE City ORLANDO FL Zip Code 32804	
---	--	--	--

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 DAVID M. SUNDSTROM DATE 03/10/2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEREDITH JACK L			NAME			
STREET ADDRESS	3601 VANNEMAN COURT			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISE JOSEPH J			NAME			
STREET ADDRESS	2053 WEMBLEY PLACE			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: JOSEPH J WISE DATE: 03/10/2000