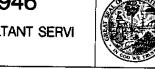
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000105946

1. Entity Name



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90295 049 ***150.00

LINDA . CES, IN	J. EADS, ED. D. EI NC.	DUCATION CONSULTANT SE	ERVI	01-13-2003 50253 045	150.00	
1776 CHU	ace of Business CUNANTAH RD. GROVE FL 33133	Mailing Address 1776 CHUCUNANTAH COCONUT GROVE FL				
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	·	4. FEI Number 65-0904133 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.	75 Additional Required	
	6. Name and Addres	s of Current Registered Agent	<u> </u>	7. Name and Address of New Registered Agen	'	
			Name	A	·•	
EADS, LINDA J ED.D. 1776:CHUCUNANTAH RD.			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
COCONUT GROVE FL 33133						
R The above named entity submits this statement for the			City			
the obliga	ations of registered agent.	s statement for the purpose of changing it	s registered office or reg	istered agent, or both, in the State of Florida. I am familia	ar with, and accept	
SIGNATURE		f registered agent and title if applicable. (NO	TE: Registered Agent signature re	quired when reinstating) DATE	<u></u>	
Afte	FILE NOW!!! FEE IS \$ or May 1, 2003 Fee will b k Payable to Florida De	pe \$550.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFF	FICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 11	
TITLE	PS	☐ Delete	TITLE		Change	
NAME	EADS, LINDA J		NAME		anango	
STREET ADDRESS CITY-ST-ZIP	1776 CHUCUNANITA MIAMI FL 33133	H RD	STREET ADDRESS CITY-ST-ZIP		`	
TITLE	T	Delete	TITLE		Change Addition	
NAME	EADS, HARVEY C JR		NAME		nange	
STREET ADDRESS	1776 CHUCUNANTAI	H RD	STREET ADDRESS		}	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	,	hange	
NAME STREET ADDRESS		and the second s	NAME*	المعام معامر بالمعنوع في المنظيم المنظم العالم المنظم المعامل المنظم الم		
CITY-ST-ZIP			STREET ADDRESS			
	 	<u> </u>	CITY-ST-ZIP			
TITLE Name		☐ Delete	TITLE	□ C	hange 🔲 Addition	
STREET ADDRESS			NAME Street Address			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Fig	banga Addistan	
NAME		□ Delete	NAME	□ c	hange [_] Addition	
STREET ADDRESS		••	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE						
		☐ Delete	TITLE		hange	
NAME		☐ Delete	TITLE NAME		hange	
NAME STREET ADDRESS		☐ Delete			hange	

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 all other like empowered.

SIGNATURE:



Date