2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P99000002954 1. Entity Name EDUCATIONAL SEMINARS OF AMERICA, INC. 04-17-2001 90067 006 ***158.75 Principal Place of Business Mailing Address 25 FIFTH AVENUE 25 FIFTH AVENUE გეცებიბია INDIALANTIC FL 32903 INDIALANTIC FL 32903 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3578169 Not Applicable \$8.75 Additional Zip Country Certificate of Status Desired M Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 25 FIFTH AVENUE **INDIALANTIC FL 32903** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PSD ☐ Delete TITLE TITLE PARKER, RICHARD NAME PARKER, RICHARD MAME STREET ADDRESS 417 MAGNOLIA AVENAE STREET ADDRESS 417 MAGNOLIA AVENUE CITY-ST-ZIP CITY-ST-7IP MELBOURNE BEACH FL 32931 **MELBOURNE BEACH FL 32951** ✓ Addition ☐ Change ☐ Delete S,T TITLE TITLE NAME NAME CAULFIELD, MARK STREET ADDRESS STREET ADDRESS 25 FIFTH ÁVEN4E CITY-ST-7IP INDIALANTIC, FL 32903 CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITI F Change Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 attrees, with all other like empowered.

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

1/11/01 32/-124-23

Daytime Phone #