

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State
 03-27-2000 90096 042 ***150.00

DOCUMENT # P99000004429

1. Entity Name

CONTINUING EDUCATION.COM, INC.

Principal Place of Business

Mailing Address

BOX 15492
 TALLAHASSEE FL 32317

P.O. BOX 15492
 TALLAHASSEE FL 32317-5492

2. Principal Place of Business

2933 Kerry Forest Parkway

3. Mailing Address

P.O. Box 16043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip
 32308

Country
 US

Zip
 32317

Country
 US

4. FEI Number

59-3567455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A.
 1501 PARK AVE. E.
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE PD
 NAME SHAFER, STEVE ☐ Delete
 STREET ADDRESS P.O. BOX 15492 N/A
 CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE VSD
 NAME SHAFER, JENNIFER ☐ Delete
 STREET ADDRESS P.O. BOX 15492 N/A
 CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
 NAME Shafer, Steve
 STREET ADDRESS P.O. Box 16043
 CITY-ST-ZIP Tallahassee, FL 32317

TITLE VSD ☒ Change ☐ Addition
 NAME Shafer, Jennifer
 STREET ADDRESS P.O. Box 16043
 CITY-ST-ZIP Tallahassee, FL 32317

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Jennifer Shafer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000 (850) 408-9874
 Date Daytime Phone #