

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90100 022 ***150.00

DOCUMENT # P990000011986

1. Entity Name

TEACHING ESSENTIALS CORPORATION

Test Prep Systems, Incorporated

Principal Place of Business

Mailing Address

909A MIRAMAR STREET
 CAPE CORAL FL 33904

909A MIRAMAR STREET
 CAPE CORAL FL 33904-9047

2. Principal Place of Business

1831 NW 13th St.

3. Mailing Address

- same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 8

City & State

Gainesville, FL

City & State

Zip Country

Zip

Country

32609 USA

4. FEI Number

65-0897957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRADLEY L
 909A MIRAMAR STREET
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Smith, Bradley L.

Street Address (P.O. Box Number, if Applicable)

1831 NW 13th St. Suite 8

City

Gainesville

FL

Zip Code

32609

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

Buy 8. Smith

Bradley L. Smith

April 20, 2001

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	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Laura Bresko</i>	
STREET ADDRESS	<i>1831 NW 13th St. #8</i>	
CITY-ST-ZIP	<i>Gainesville, FL 32609</i>	
TITLE	<i>Treasurer/Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>Brad Smith</i>	
STREET ADDRESS	<i>1831 NW 13th St. #8</i>	
CITY-ST-ZIP	<i>Gainesville, FL 32609</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Buy 8. Smith

Bradley L. Smith April 20, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-315-1902

CR2E034 (9/99)