

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90014 029 ***150.00

DOCUMENT # **P99000011986**

1. Entity Name

Test Prep Systems

DO NOT WRITE IN THIS SPACE

824520

2. Principal Place of Business

1831 NW 13th St.

Suite, Apt. #, etc.

Suite 8

City & State

Gainesville, FL

Zip Country

32609 USA

3. Mailing Address

- same -

Suite, Apt. #, etc.

City & State

Zip

Country

4. FFI Number

65-0897957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brad L. Smith

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

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

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**President
Laura Bresko
1831 NW 13th St Suite 8
Gainesville, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Sec. / Treas.
Brad Smith
1831 NW 13th St. Suite 8
Gainesville, FL 32609**

TITLE
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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 on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura L. Bresko, President
Laura L. Bresko

2/1/02

Date

352-256-7907

Daytime Phone #

CR2E034B (12/01)