FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91519 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011986

10090169

1. Entity Name
TEST PREP SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
1831 NW 13TH ST SUITE 8 GAINESVILLE, FL 32609	1831 NW 13TH ST SUITE 8 GAINESVILLE, FL 32609

2. Principal Place of Business	3. Mailing Address
8716 NW 4th PL	- Same -
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State
Zip: 32607 Country: USA	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

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
1831 NW 13TH ST
SUITE 8
GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent

Name: Smith, Bradley L.
Street Address (P.O. Box Number Is Not Acceptable): 8716 NW 4th PL
City: Gainesville FL Zip Code: 32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRESKO, LAURA		NAME	
STREET ADDRESS	1831 NW 13TH ST #8		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, BRAD		NAME	
STREET ADDRESS	1831 NW 13TH ST #8		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ 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	
TITLE		☐ Delete	TITLE	☐ 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	

CR2E034 (10/02)

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: Laura L. Bresko Laura L. Bresko 4/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

352-332-2528