

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019620

1. Entity Name

EDUCATIONAL INSTRUCTION SERVICES, INC.

Principal Place of Business

1885 MEDITERRANEA
WEST PALM BEACH

Mailing Address

My Correct last
name is Cox

2. Principal Place

Lowman, used as middle,

Suite, Apt. #, et

is my first husband's

City & State

last name and the

Zip

name of our three

LOWMA
1885 MI
WEST F

children. My first

husband is deceased.

My present husband is

Wesley A. Cox.

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 *Patricia Lowman Cox* *Patricia Lowman Cox, President* 3/13/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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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 address, with all other like empowered.

SIGNATURE: *Patricia Lowman Cox* *Patricia Lowman Cox* 3/13/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (561) 439-7789
(361) 842-5511 Daytime PhoneFILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90092 024 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number *65-0926164* Applied For
 Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name *Cox Patricia Lowman*

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

1885 MEDITERRANEAN Rd.

City *West Palm Beach* FL Zip Code *33406*

CR2E034-9(99)