

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90717 009 ***150.00

DOCUMENT # P99000034917

1. Entity Name

SCHOLARSHIP WORLD, INC.



11039692

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 MARTIN J. EHRlich
805 CYPRESS BLVD
Suite, Apt. #, etc.
501

3. Mailing Address

90 MARTIN J. EHRlich
805 CYPRESS BLVD
Suite, Apt. #, etc.
501

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BCH, FL.

City & State

POMPANO BCH, FL.

4. FEI Number

52-2175357

Applied For

Not Applicable

Zip

33069-

Country

USA

Zip

33069-

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN J. EHRlich

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

805 CYPRESS BLVD
501

POMPANO BCH

FL

Zip Code

33069

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D-P
EHRlich MARTIN J.
805 CYPRESS BLVD. # 501
POMPANO BCH, FL. 33069

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D-S
KLINE, STARLETT
3200 PORT ROYALE DR. #704
FT. LAUDERDALE, FL. 33308

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: STARLETT KLINE Starlett Kline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 954-771-9810

Date

Daytime Phone #

CR2E034B (12/02)