

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90014 017 \*\*\*158.75

DOCUMENT # P99000057777

1. Entity Name

E-STUDY INC.

Principal Place of Business

816 WOODCRAFT DR.  
APOPKA FL 32712

Mailing Address

816 WOODCRAFT DR.  
APOPKA FL 32712-4411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591032

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SZOKE, MARJORIE A  
816 WOODCRAFT DR.  
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

☒

**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	<del>CEO / President</del>	<input type="checkbox"/> Delete
NAME	<del>Marjorie A. Szoke</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	C.E.O. / President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marjorie A. Szoke	
STREET ADDRESS	816 Woodcraft Dr.	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	C.F.O. Rony Brynholt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Comlog N.V. I.T.P. Group	
STREET ADDRESS	25, Lechi St. 51200 Bnei-Brak Israel	
CITY-ST-ZIP		
TITLE	C.T.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yoram Goldmark	
STREET ADDRESS	17 Vanderbilt Ct.	
CITY-ST-ZIP	Rockville, Maryland 20850	
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		

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: Marjorie A. Szoke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00  
Date

407-333-3088  
Daytime Phone #

CR2E034 (9/99)