

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90046 025 ***150.00

DOCUMENT # P99000104802

1. Entity Name
QUALITY EDUCATION SYSTEMS, INC.

Principal Place of Business 4400 BAYOU BLVD STE 47 PENSACOLA FL 32503 US	Mailing Address PO BOX 08228 PENSACOLA FL 32503 US
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2. Principal Place of Business 4700 BAYOU BLVD	3. Mailing Address 4700 BAYOU BLVD
Suite, Apt. #, etc. # 5	Suite, Apt. #, etc. # 5

City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32503	Country US

4. FEI Number 59-3612069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACHMEIER, JOHN
4400 BAYOU BLVD., BLDG. 47
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name
BACHMEIER, JOHN

Street Address (P.O. Box Number is Not Acceptable)
4700 BAYOU BLVD. BLDG. #5

PENSACOLA **FL** Zip Code
32503

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 *Lilian P. Bachmeier* (Secretary) **4/10/01**
LILIAN P. BACHMEIER (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACHMEIER, JOHN R 9015 FLINTLOCK DR PENSACOLA FL 32526	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACHMEIER, JOHN R 4355 Montaigne Drive Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMEIER, LILIAN P 9015 FLINTLOCK DR PENSACOLA FL 32526	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMEIER, LILIAN 4355 Montaigne Drive Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lilian P. Bachmeier* **4/10/01** **(850) 474-9022**
LILIAN P. BACHMEIER Date Daytime Phone #

CR2E034 (10/00)