

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52498

1. Entity Name

EDUCATIONAL SERVICES IN SCIENCE & TECHNOLOGY, IN

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90044 029 ***158.75

Principal Place of Business

Mailing Address

30 TEABERRY LANE
NEW TOWN FL 18940
US

~~30 TEABERRY LANE~~
~~NEW TOWN FL 18940-9207~~
US

2. Principal Place of Business

45 Laurel Cir.

3. Mailing Address

45 Laurel Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newtown PA

City & State

Newtown PA 18940

Zip

18940

Country

Zip

Country

4. FEI Number

59-3063506

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDAD, RALPH
4775 N. HAMMOCK JR. E.
JACKSONVILLE FL 32225

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HAKIM, TOUFIC M.
CITY-ST-ZIP 30 TEABERRY LANE
NEW TOWN PA 18940

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS HAKIM, TOUFIC M.
CITY-ST-ZIP 45 Laurel Cir., Newtown
PA 18940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

215 327.2218

Daytime Phone #