

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90386 016 ***150.00

DOCUMENT # P94000001858

1. Entity Name
EDUTEK EDUCATION SOLUTIONS, INC.



Principal Place of Business

**3499 NW 97TH BLVD
11
GAINESVILLE FL 32606
US**

Mailing Address

**3499 NW 97TH BLVD
11
GAINESVILLE FL 32606
US**

2. Principal Place of Business

**170 Towne Lake Pkwy.
Suite, Apt. #, etc.**

3. Mailing Address

**170 Towne Lake Pkwy.
Suite, Apt. #, etc.**



CHECK HERE IF MAKING CHANGES

City & State
Woodstock, GA.

Zip
30188

Country
USA

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Woodstock, GA.

Zip
30188

Country
USA

4. FEI Number
62-1558718

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SLAUGHTER, HARRY O
3499 NW 97TH BLVD
STE 11
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **Anthony SALZMAN**
Street Address (P.O. Box Number is Not Acceptable)
500 E Univ. Ave.
Ste A
City **Gainesville** FL Zip Code **32601**

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 **Anthony Salzman** **ANTHONY SALZMAN** **4/1/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	SLAUGHTER, HARRY O
STREET ADDRESS	3499 NW 97TH BLVD, SUITE 11
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	SLAUGHTER, PHILIP
STREET ADDRESS	3499 NW 97TH BLVD, STE 11
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	SLAUGHTER, LYNNETTE B
STREET ADDRESS	3499 NW 97TH BLVD, STE 11
CITY-ST-ZIP	GAINESVILLE FL
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	170 TOWNE LAKE PKWY
CITY-ST-ZIP	WOODSTOCK, GA 30188
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	170 TOWNE LAKE PKWY
CITY-ST-ZIP	WOODSTOCK, GA 30188
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lynette B. Slaughter** **3/26/03** **770-926-4322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)