

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

05-05-2003 91383 002 ***150.00

(098358) AV

DOCUMENT # P97000108966

1. Entity Name
APPLIED CONCEPTS INSTITUTE, INC.

Principal Place of Business
37 SKYLINE DR
SUITE 3113
LAKE MARY FL 32746
US

Mailing Address
37 SKYLINE DR
LAKE MARY FL 32746

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

4. FEI Number 59-3492500
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CAROLAN, J.P. III.
250 PARK AVE S, 5TH FL
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE [Signature] DATE 4/25/03
(NOTE: Registered Agent Signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP
D NICHOLAS, ALEXANDER 219 SHADY OAKS CIR LAKE MARY FL 32746
D NICHOLAS, SANDY 219 SHADY OAKS CIR LAKE MARY FL 32746

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE 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: [Signature] DATE 4/25/03 407-333-7300 #225