FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #L81118
1. Entity Name NATIONAL BOARD OF HYPNOSIS EDUCATION AND CERTIFICATION INC



FILED Mar 18, 2004 8:00 am Secretary of State

03-18-2004 90042 029 ***150.00

	DO NOT WRITE	IN THIS S	PAC	E	Common and	•	9403	2167	
2. Principal Place of Business 830 N WOODLAND BLVD		3. Mailing Address 830 N WOODLAND BLVD							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State DELAND FL 32720		City & State DELAND FL 32720			4. FEI No.	umber 209326		Applied For Not Applicable	
32920	Country	^{Zip} 32720	Country		 	Certificate of Status Desired \$8.75 Additi			
			Control of the Contro		7. Name and Address of Current Registered Age				
e (1)				Name SHIRI	LEY L K	EY L KEIN			
- Janes	DO NOT-W	on the ten and the		Street Address (P.O. Box Nu	umber is Not Acceptable)			
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1			City DELANI						
	e named entity submits this statement for	or the ourness of changing it	o registers			y both in the State of Florid		32720°	
the obliga	tions of registered agent.	or the parpease or a language.	o , o g.o					,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature required	when reinstating	9)	DATE		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	/ State			9.	Election Campaign Financ Trust Fund Contribution	cing .	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	along the r	of the property	Electrical	Million of the state of the sta			
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NAME			NAME	Marie de Marie La Carte de Marie de Carte de Marie de La Carte de Marie de		See			
STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	T ADDRESS					
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12. Thereby certify that the information supplied with this filling 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 or an attraction of the corporation of 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 or an attraction of the receiver of trustee. attachment with an address with all other like empowered.

S	G	N	Δ	TI	1	R	F	•

SHIRLEY L KEIN

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

(386) 738-9188

Date

Daysime Phone *