

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90732 032 ***550.00

DOCUMENT # M89211
 1. Entity Name
SEMINAR NETWORK INTERNATIONAL, INC.

Principal Place of Business Mailing Address
518 N. FEDERAL HWY. **518 N. FEDERAL HWY.**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0063286** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PUTZAN, NANCY
518 N. FEDERAL HWY.
LAKE WORTH FL 33460

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.

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, 2002 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

TITLE **ST** ☒ Delete
 NAME **LOVING, LARRY E.**
 STREET ADDRESS **1424 S. PALMWAY**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **P** ☐ Delete
 NAME **LOVING, JEAN E.**
 STREET ADDRESS **5203 MICHAEL AVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VP** ☐ Delete
 NAME **PUTZAN, NANCY S.**
 STREET ADDRESS **316 MONCEAUX RD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☐ Delete
 NAME **PUTZAN, CONRAD S.**
 STREET ADDRESS **316 MONCEAUX RD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: Nancy Putzan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY PUTZAN
3/3/02 **561-582-5349**
 Date Daytime Phone #

CR2E034 (9/01)