2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003
Secretary of State

DOCUMENT# N00000001235

Entity Name: CHARACTER BASED LEADERSHIP INSTITUTE INC.

Current Principal Place of Business:

5830 RAMBLER ROSE WAY
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

5830 RAMBLER ROSE WAY
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 65-1021918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOWERS, SHARON
5830 RAMBLER ROSE WAY
WEST PALM BEACH, FL 33415

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOWERS, SHARON
Address: 5830 RAMBLER ROSE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD ( ) Delete
Name: BOWERS, CAROL
Address: 5830 RAMBLER ROSE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD ( ) Delete
Name: OSBORNE, LOUIS W JR.
Address: 701 LOUISANA AVE.
City-St-Zip: SOUTH HOUSTON, TX 77587

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: BM ( ) Change (X) Addition
Name: HAIRSTON, RONNIE L
Address: 3359 N BELVEDERE RD STE N
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BOWERS ED 09/10/2003

Electronic Signature of Signing Officer or Director — Date