

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002858

FILED
Aug 26, 2003
Secretary of State

Entity Name: EDUCATION, TRAINING AND CONSULTING INCORPORATED

Current Principal Place of Business:

7125 FRUITVILLE ROAD
#144
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

7125 FRUITVILLE ROAD
#144
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-1003390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPONG, DAVID J
7125 FRUITVILLE ROAD
#144
SARASOTA, FL 34240

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: SPONG, DAVID T
Address: N 2434 ELGIN CLUB DR
City-St-Zip: LAKE GENEVA, WI 53147 US

Title: VPD () Delete
Name: SPONG, DARREN
Address: 7125 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34240 US

Title: SD () Delete
Name: SPONG, JUDITH A
Address: N 2434 ELGIN CLUB DR
City-St-Zip: LAKE GENEVA, WI 53147 US

Title: TD () Delete
Name: VANCE, NANCY S
Address: 3966 OMEGA LANE
City-St-Zip: SARASOTA, FL 34235 US

Title: DIR () Delete
Name: HEATH, DAWN
Address: STATE HWY 11
City-St-Zip: ELKHORN, WI 53121 US

Title: DIR () Delete
Name: HEATH, MICHAEL
Address: N2434 ELGIN CLUB DRIVE
City-St-Zip: LAKE GENEVA, WI 53147 US

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: () Change () Addition
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City-St-Zip:

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

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

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: DAVID J. SPONG

PD

08/26/2003

Electronic Signature of Signing Officer or Director

Date