## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000005085

FILED Apr 22, 2003 Secretary of State

Entity Name: ASSOCIATION FOR COACHING EXCELLENCE, INC.

Current P	rincipal Place	of Business:	New Principal Place	e of Business:
	CANOE PLACE Y, FL 34990			
Current Mailing Address:		New Mailing Address:		
	CANOE PLACI Y, FL 34990	Ξ		
FEI Number	: 65-1159512	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	ELL, EDWARD			
PALM CIT	Y, FL 34990 named entity:	US	ourpose of changing its registere	ed office or registered agent, or both,
PALM CIT	Y, FL 34990	US	ourpose of changing its registere	ed office or registered agent, or both,
PALM CIT	Y, FL 34990 e named entity s e of Florida. RE:	US submits this statement for the រុ		
PALM CIT The above in the State SIGNATU	Y, FL 34990 e named entity se of Florida.  RE: Electror	US submits this statement for the particle of Registered Agreement for Registered	ent	Date
PALM CIT The above in the State SIGNATU	Y, FL 34990 e named entity se of Florida.  RE: Electror S AND DIREC	US submits this statement for the particle Signature of Registered Agr TORS: Delete EDWARD DE PLACE	ent	
PALM CIT The above in the State SIGNATU  OFFICER Title: Name: Address:	Y, FL 34990 e named entity se of Florida.  RE:  Electror  S AND DIREC  PVD () HOLLOWELL, 3415 SW CANG PALM CITY, FL	US submits this statement for the partic Signature of Registered Agr TORS:  Delete EDWARD DE PLACE 34990  Delete JENNIFER KS RD	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTORS

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: EDWARD HOLLOWELL PVD 04/22/2003