

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006345

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: DEAF EDUCATION & TRAINING CONSULTANTS, INC.

Current Principal Place of Business:

6132 CHABLIS LANE
PENSACOLA, FL 32504

New Principal Place of Business:

6132 CHABLIS LANE
PENSACOLA, FL 32504 US

Current Mailing Address:

6132 CHABLIS LANE
PENSACOLA, FL 32504

New Mailing Address:

6132 CHABLIS LANE
PENSACOLA, FL 32504 US

FEI Number: 59-3753891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARAWAY, JONI
6132 CHABLIS LANE
PENSACOLA, FL 32504

Name and Address of New Registered Agent:

CARAWAY, JONI
6132 CHABLIS LANE
PENSACOLA, FL 32504 US

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: JONI CARAWAY

04/29/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/ST () Change (X) Addition
Name: SANDERS, SANDRA D/S/T
Address: 27 WILKES DRIVE
City-St-Zip: PENSACOLA, FL 32503 US

Title: D/V () Change (X) Addition
Name: CARAWAY, JONI S D/V
Address: 6132 CHABLIS LANE
City-St-Zip: PENSACOLA, FL 32504 US

Title: D/P () Change (X) Addition
Name: CARAWAY BROWN, BONNIE J D/P
Address: 130 GREENRIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32534 US

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: BONNIE CARAWAY BROWN

D/P

04/29/2002

Electronic Signature of Signing Officer or Director

Date