

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N09466

FILED
Apr 30, 2003
Secretary of State

Entity Name: THE J C PROFESSIONAL DEVELOPMENT AND EDUCATIONAL RESEARCH CENTER, INC.

Current Principal Place of Business:

%CARRIE W. NERO
5206 CAESAR WAY, SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

%CARRIE W. NERO
5206 CAESAR WAY, SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-2586505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NERO, CARRIE W.
5206 CAESAR WAY, SOUTH
ST PETERSBURG, FL 33712

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: CDP () Delete
Name: NERO, CARRIE W.,
Address: 5206 CAESAR WAY SOUTH
City-St-Zip: ST PETERSBURG, FL

Title: SD () Delete
Name: MOORE, LETIA BLIGEN
Address: 5206 CAESAR WAY SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: TD () Delete
Name: NERO, JOE W.,
Address: 5206 CAESAR WAY SOUTH
City-St-Zip: ST PETERSBURG, FL

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:

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: DR CARRIE NERO

Electronic Signature of Signing Officer or Director

P

04/30/2003

Date