

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39901

FILED
Feb 21, 2003
Secretary of State

Entity Name: TRI-COUNTY TRAINING AND EMPLOYMENT CENTER, INC.

Current Principal Place of Business:

1650 S. KANNER HIGHWAY
POST OFFICE BOX 597
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 597
STUART, FL 34995

New Mailing Address:

FEI Number: 65-0264761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOX, M. LANNING, ESQ.
1100 S.E. FEDERAL HWY.
STUART, FL

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: CD () Delete
Name: LEWIS, MARNIE
Address: 3066 SW MARTIN DOWNS BLVD., STE.F
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: BIBIK, CHERYL
Address: 1500 E. OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: VCD () Delete
Name: STRICKLAND, JEAN
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: NUTTAL, GREG
Address: 2100 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: HUTCHESON, SUZANNE
Address: 1650 S. KANNER HIGHWAY
City-St-Zip: STUART, FL

Title: VCD () Delete
Name: FAHERTY, PHIL
Address: 830 NE POP TILTON PLACE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: PIERCE, DOUG
Address: P.O. BOX 232
City-St-Zip: HOBE SOUND, FL 33475

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: VCD (X) Change () Addition
Name: BOVIE, GEORGE F
Address: 555 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

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: SUZANNE HUTCHESON

PD

02/21/2003

Electronic Signature of Signing Officer or Director

Date