

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000003110

FILED
Apr 28, 2003
Secretary of State

Entity Name: HUBBARD COLLEGE OF ADMINISTRATION OF FLORIDA, INC.

Current Principal Place of Business:

1221 ROGERS ST
SUITE A
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1221 ROGERS ST
SUITE A
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3191516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUE R MUELLER
1221 ROGERS ST #A
CLEARWATER, FL 33756 US

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: PMD () Delete
Name: MUELLER, SUE
Address: 1221 ROGERS ST #A
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: MYRON FINLEY,
Address: 1220 TURNER ST SUITE F
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: JOHONNESSON, BILL
Address: 1010 WOODSIDE DR
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: REICHEL, BUD
Address: 1799 N. HIGHLAND AVE #183
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: MYRON FINLEY,
Address: 413 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

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: SUE MUELLER

PRES

04/28/2003

Electronic Signature of Signing Officer or Director

Date