2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-06-2002 90290 001 ****61.25

- 04055

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000003394

1. Entity Name

PAINTED ROCK SEMINARS, INC.

Principal Place of Business
~~119 W. WASHINGTON STREET~~
CHATTAHOOCHEE FL 32324

Mailing Address
PO BOX 492
CHATTAHOOCHEE FL

2. Principal Place of Business
1000 North Main St.

Suite, Apt. #, etc.
Building 1249

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 59-3311748 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PARSONS, STEWART E~~
~~119 W. WASHINGTON STREET~~
~~CHATTAHOOCHEE FL 32324~~

7. Name and Address of New Registered Agent

Name: Ellen E. Resch

Street Address (P.O. Box Number is Not Acceptable): 2191 Mohawk Trail

City: Sneads FL Zip Code: 32460

8. 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: Ellen E Resch — 04/22/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD President Director	ANNIS, LAWRENCE V	1330 SHARON ROAD	TALLAHASSEE FL 32303	☐
VD	MCCLAREN, HARRY A	P.O. BOX 522 N/A	QUINCY FL 32353	☒
SD	BENOIT, JEFFREY L	P.O. BOX 294 N/A	CHATTAHOOCHEE FL 32424	☒
TD	RESCH, ELLEN E Treasurer and Secretary Director	2191 MOHAWK TRAIL	SNEADS FL 32460	☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
VD	MARTIN BOHN	3113 SHAMROCK SOUTH	TALLAHASSEE, FL 32309	☐	☒
				☐	☐
add title "SD" (secretary)				☒	☐
				☐	☐
				☐	☐

Vice President Director

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~Ellen E Resch~~ REQ ELLEN E. RESCH — 04/22/02 — (850)663-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)