

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

17

01-21-2003 90137 032 \*\*\*\*61.25

**DOCUMENT # N95000001192**

1. Entity Name  
**ADVANCED EDUCATION APPRENTICESHIP TRAINING, INC.**




Principal Place of Business  
**8362 PINES BLVD  
STE. 336  
PEMBROKE PINES FL 33024  
US**

Mailing Address  
**8362 PINES BLVD  
STE. 336  
PEMBROKE PINES FL 33024  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0603970**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GEE, LEWIS T.  
340 N 69 TERRACE  
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERRMANN, DONALD C</b>	
STREET ADDRESS	<b>6902 DORAL</b>	
CITY-ST-ZIP	<b>N LAUDERDALE FL 33068</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEE, LEWIS T</b>	
STREET ADDRESS	<b>340 N 69TH TERR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEDDERS, ANDREW T</b>	
STREET ADDRESS	<b>11742 NW 1ST CT</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>James Pettus</b>	
STREET ADDRESS	<b>504 NW 47 ST</b>	
CITY-ST-ZIP	<b>Deerfield Beach, FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>marion D. Carraher</b>	
STREET ADDRESS	<b>8231 N.W. 8 CT</b>	
CITY-ST-ZIP	<b>North Lauderdale, FL 33068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Lewis T. GEE* **REQUIRED LEWIS T. GEE** 1-18-03 954-448-3246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)