

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005739

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: THE INSTITUTE FOR CONSUMER FINANCIAL EDUCATION, INC.

Current Principal Place of Business:

1650 NE 26TH STREET
104
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

1650 NE 26TH STREET
104
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 65-0874744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, RICHARD D
1650 NE 26TH STREET
STE 104
FORT LAUDERDALE, FL 33305

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: VD () Delete
Name: LEONARD, WILLIAM R
Address: 633 S. ANDRES AVENUE, SUITE 402
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD () Delete
Name: STANDART, JOHN
Address: 633 S. ANDREWS AVENUE, SUITE 402
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PD () Delete
Name: OWEN, RICHARD D
Address: 1650 N.E. 26 STREET, SUITE 104
City-St-Zip: FORT LAUDERDALE, FL 33305

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: RICHARD D. OWEN

PD

01/09/2002

Electronic Signature of Signing Officer or Director

Date