

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000102701

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: LEARNPROS, INC.

Current Principal Place of Business:

159 SABAL PALM DR
LONGWOOD, FL 32779

New Principal Place of Business:

869 SILVERSMITH CIRCLE
LAKE MARY, FL 32746

Current Mailing Address:

869 SILVERSMITH CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3680921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, GLEN D
869 SILVERSMITH CIRCLE
LAKE MARY, FL 32746

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPTD () Delete
Name: WADE, GLEN D
Address: 159 SABAL PALM DR
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: WADE, CONNIE L
Address: 159 SABAL PALM DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPTD (X) Change () Addition
Name: WADE, GLEN D
Address: 869 SILVERSMITH CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: VPD (X) Change () Addition
Name: WADE, CONNIE L
Address: 869 SILVERSMITH CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN D. WADE

CPTD

05/01/2002

Electronic Signature of Signing Officer or Director

Date