2001 U… IFC … U… ESS … E … T (U…)

DOCUMENT # P00000117795

1. Entity Name

T.I.P.S. SEMINARS, INC

FILED

01 MAY 11 PM 6: 11

SECRETARY OF STATE

Principal Place of Business	Mailing Address
P.O. BOX 93 CHIPLEY FL 32428	P.O. BOX 93 CHIPLEY FL 32428

2. Principal Place of Business	3. Mailing Address
P.O. Box 38	P.O. Box 38
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chipley, Florida	City & State: Chipley, Florida
Zip: 32428 / Country: Washington	Zip: 32428 / Country: Washington

DO NOT WRITE IN THIS SPACE

04/26/01 90263 050 $150.00

4. FEI Number: 59-3692089 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNAPP, JANET C 729 SPARKLEBERRY CIRCLE CHIPLEY FL 32428	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P NAME Janet C. Knapp STREET ADDRESS 729 Sparkleberry Circle CITY-ST-ZIP Chipley, Florida 32428	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE V NAME Tom Cremeen STREET ADDRESS P.O. Box 1553 CITY-ST-ZIP Panama City, Fl 32401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet C. Knapp Janet C. Knapp 4/19/01 (850)535-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #