FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114416 Entity Name SOUTHERN TECHNICAL COLLEGE, INC.				Feb 20, 2002 8:00 am Secretary of State 02-20-2002 90172 014 ***150.00	
rincipal Place	e of Business	Mailing Address			
4976 COURTLAND LOOP WINTER GARDEN FL 32708		4976 COURTLAND LOOP			
WINTER GARD	EN FL 32708	WINTER GARDEN FL	32708	1887 10 1887 1781 1887 1887 1887 1887 1887 1887 1887 1887 1887 1887	
Principal Place of Business		3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	•	City & State		4. FEI Number Applied For]
Zip	Country	Zip	Country	32-000024 Not Applicable 5. Cartificate of Status Decired. \$8.75 Additional	\dashv
			,	Fee Required	
	6. Name and Address of Current	Registered Agent	Name,	7. Name and Address of New Registered Agent	<u></u>
EULIANO,	NEIL R		Street Addres	ess (P.O. Box Number is Not Acceptable)	╣
	RTLAND LOOP		0.000.7.00		\downarrow
WINTER G	ARDEN FL 32708		0"	7:0:4	_
			City	FL Zip Code	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	After May 1,	W!!! FEE IS \$150.00 2002 Fee will be \$550.00 able to Department of S		
1.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TLE 14 AME TREET ADDRESS TY-ST-ZIP	D EULIANO, NEIL R 4976 COURTLAND LOOP WINTER GARDEN FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	R2E034 (9/01)
TLE AME TREET ADDRESS TY-ST-ZIP	D EULIANO, CAROLYN 4976 COURTLAND LOOP WINTER GARDEN FL 32708	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	5
TLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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TLE AME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TY-ST-ZIP			CITY-ST-ZIP		
TLE Ame		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
REET ADDRESS			STREET ADDRESS	.	
TY-ST-ZIP	and the state of t	la de la PD - a la l	CITY-ST-ZIP	- 0 440 07/01/3 Flacida Oct. 14 14 14 14 14 14 14 14 14 14 14 14 14	-
indicated of the corp	on this report or supplemental report is contained or the receiver or trustee empor on an attachment with an address,	s true and accurate and the lowered to execute this rep	at my signature shall have the ort as required by Chapter 6 ed.	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

Date

Daytime Phone #