FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/2003-90765-018-$158.75-$158.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 11 PM 1:15

DOCUMENT # P02000020000 NC

1. Entity Name

Envisioneers Training Group ENVISIONEERS, INC. ✓ 2/10/03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1181 Green Hill Trace	PMB 110M
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3111-20 Mahan Drive
City & State: Tallahassee	City & State: Tallahassee
Zip: 32317 Country:	Zip: 32308 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0462605 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Patricia Jackson

Street Address (P.O. Box Number is Not Acceptable): 1181 Green Hill Trace

City: Tallahassee FL Zip Code: 32317

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: Patricia Jackson 6-10-03

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kathleen Pierce 435 Hillcrest Street Tallahassee 32308	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Patricia Jackson 1181 Green Hill Trace Tallahassee 32317	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5755 Braveheart Way Tallahassee, FL 32317
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Jackson 1-8-03 (850) 656-3813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #